RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the second s			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	-	. 8
MANOUN NEGENVED	WRITE PAIN, WITH UNFADING INK-THIS I	ery item by information should be carefully supplied. IANS should state CAUSE OF DEATH in plain terms so
>	T	upp
	X	y sin
)		ull pig
	NG	ref
_	DI	Ca TH
)	FA	be
(S	DIT.
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	/RI	S
	5	AN

V. S. No. 1

1PLACE OF DEATH	STATE OF MARYLAND
County Anny Smudel	CERTIFICATE OF DEATH
0 16 01	Registration Dist. No.
Village or City Brooklyn (Ro. 4- 2FULL NAME Minnie Bourho	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Sengte, MARRIED Pidowed Remale White (Write the word)	16 DATE OF DEATH March 7 , 193/932 (Month) (Day) (Year)
6 DATE OF BIRTH (Apopula) (Day) (Year)	that I last saw h evalive on 1997, 1992,
7 AGE If LESS than day hrs. mos. 20 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or House House	Pul, Tuterulous
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Carolias Jackere Secondary
January January	(Duration) yrs. mos. ds.
FATHER Not prown	(Signed) M. D. M. D. M. D. (Address) 408 Stat Park an
OF FATHER Z (State or country) Not known	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Not Known	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Not known	At place of deathyrsmosds, Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs. Charles Houng	Former or usual residence
(Address) 4-10 the free Brooklyn Ph	Oaklaron Cemetery March 10, 19 32
Filed March & 1932 Ida M. Whelian Registrar	Longe W. Sirkler. 1737 E. Eager II.
If more bianks are needed, address State Registral	r, 16 W. Stratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process of the laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia, " "Weakness," etc., when a definite disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answers in stall, it will prevent further correspondence. All the data's essential and must be owned before the certificate is permaterly filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62410
1. PLACE OF DEATH	95:6
County Anna Arrivedel	Registration Dist. No. 23
Village or City Linthieum Hato	
Things of the first the fi	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lawry Sans Talbet	Bassford
(a) Residence: No. 74rid sonville, Anne A	rox, nd and County
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DINORCED (write the word) Figure 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)	21. DATE OF DEATH 28 March (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Chas. C. Pagssford.	22. I HEREBY CERTIFY, That I attended deceased from 2 March 1932 to 28 Mar 1932
6. DATE OF BIRTH (month, day, and year) 30 May 1847	I last saw h a alive on 27Mar , 1932 deeth Is sald
7. AGE Years Months Days I LESS than	to have occurred on the date stated ebove, at 2.35 f.m.
CH 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this properties).	Cardio-Vascular Misease
9. Industry or business in which	1/
work was done, as SILK MILL, SAW MILL, BANK, etc	
O this occupation (month and year) 11. Total time (years) spent in this occupation corupation occupation	1
10 parios or America David sanville.	Other Coutributory Causes of importance:
12. BOXTHPLACE (city or town) VIII (Marilant	College of Lucasi.
13. NAME / homas ralbot	governa of Levrige:
14. BIRTHPLACE (city or town) Paltimod County	Name of operation Many Date of
(State or country) Marcelond	What test confirmed diagnosis? Was there en eu opsy?
15. MAIDEN NAME NEWS m Phelos	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHERACE COUNTY OF THE C	Accident, suicide, or homicide? Date of injury 19
E (State or county) raresland	Where did injury occur?
17. INFORMANT Any Collaworth Downell (Address) Fathage 18	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Turdsonvelle Med Date March 30, 1932	Nature of injury
19. UNDERTAKER John Mr. Saylor	24. Was disease or injury In eny way related to occupation of deceased?
(Address)	If an annaify (

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week/ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITT PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -With

N. B.

STATE C	F MARYLAN	D-C	CERTIFICATE OF DEATH	11
1. PLACE OF DEATH			BFQ 1	J. A.
County A. a	A.		Registration Dist. No	20
Village or City	ville		NoSt.,	Ward
Length of residence in city or town where	death occurredvrs		leath occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Harr	u Bone			
(a) Residence: No.			St., Ward.	
(a) residence. No.	(Usual place of abode)		If nonresident give city or town an	d State
PERSONAL AND STATIST	ICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED WIDOW OR DIVORCED write the w		21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	l deceased from.
	9			
7. AGE Years Months	Days If LESS	than	to have occurred on the date stated above, at 150 Pm.	; death Is said
1/3 2	9 I day,	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	orm	nin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	in		ration of Good.	-
			6	
10. Date deceased last worked at this occupation (month and	I1. Total time (years) spent in this		accidental falls Curs. R.	
12. BIRTHPLACE (city or town)	oc:upation		Other Coutributory Causes of importance:	
(State or country)				
II 13. NAME	one			
13. NAME 14. BIRTHPLACE (city or town))	//		Name of operation	
(State of country)	1		What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME	Crowner		23. If death was due to external causes (VIOLENCE) fill in also the following	ig: 22
16. BIRTHPLACE (city or town)(State or country)	Well-		Accident, suicide, or homicide	C., 19.
Man ()	11-00		Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLE?	nte)
17. INFORMANT (Address)	ell		Specify whether injury occurred in INDUSTRY, in HOME, of in Public P	We
18. BURIAL, BREMATION, OF REMOVAL	6 -		Manner of injury Button Queck	
Place Salumill	Date MAU /5, 1	193.2	Nature of Injury	
19. UNDERTAKER 1. Ca./Ja. (Address)	sales of	na	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED Man 14, 1937	V.M. Clay to	strar.	(Signed) The Wald (Address) Surviva MA	M. D.
If more			2411 N. Charles Street, Baltimore, Requesting V. S/No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritanitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenteritis	1 year

County Wilage or City & OLY & Length of residence in city or town where death occurred for the property of the	23 wa
Village or City A DATE A LAND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCEO (write the word) 5a. If married, widowed, or divorced. WISSAND of Union the Days FOR DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular sand year of the control of	
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or for length? Length of residence in city or for length? Length of residence in city or for length? Length of residence in city or length? Length of residence in city of society. Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? Length of residence in u. S. If of foreign blirth? L	
(a) Residence: No. St., Ward. (b) St., Ward. (c) St., Ward. (c) St., Ward. (d) Residence: No. St., Ward. (e) St., Ward. (e) St., Ward. (e) St., Ward. (f) Nonresident give city of the procession of the procession of particular standard of the particular	street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCEO (write the word) 5a. If married, widowed, or divorced. HUSBAND of (Ur) WITE UT) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, Peddle SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, BANK, etc. 10. Oate deceased lest worked at lit. Total time (years) 10. Oate deceased lest worked at lits occupation from and and the state of the control o	mos
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCEO (write the word) 5a. If married, widowed, or divorced. HUSBAND of Or) wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILLS AW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILLS AW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (promit and this occupation (promit and the spent in this spent in this) 11. Total time (years) Spent in this 12. DATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 1 last sew h. La. Aive of DEATH The PRINCIPAL CAUSE OF DEATH end related causes of import were expelled. SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (promit and the spent in this spent in this)	
3. SEX 4. COLOR OR RACE OR DIVORCEO (awrite the word) 5a. If married, widowed, or divorced. HUSBAND of (UT) WIFE OT 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, hrs. Or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILLS AW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation growth and this coupation growth and spant in this Spant in this 11. Total time (years) Spant in this Spant in this 12. DATE OF DEATH (Month) (Day) 11. Total time (years) Spant in this (Month) (Day) (Month) (Month) (Day) (Month)	r town and State
OR DIVORCEO (ravice the word) 5a. If married, withoward, or divorced. HUSBAND of OUT WIFE OF COMMENT OF COMM	EATH
HUSBAND of OUT WITE OF MINE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, BANK, etc. 10. Oate deceased lest worked at this occupation promit and spant in this spant in this spant in this	, 198 3 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE. Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SLIK MILL, BANK, etc. 10. Oate deceased lest worked at this occupation promit and spant in this spant in this	L attended deserved f
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL MAIN. Etc. 10. Oate deceased last worked at this occupation profession, and the stated above, at the second of the date stated above, at the second of the stated above, at the second of the date stated above, at the second of the second of the date stated above, at the second of the	Cy 19
7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	19 32 death is
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL MARK, etc. 10. Oate deceased lest worked at this occupation promit and spant in this spant in this	1
8. Trede, profession, or particular kind of work done, as SPINNER, Peddle Angles Angle	1
9/Industry or business in which work was done, as SILK MILLS with the SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation proming and spant in this 11. Total time (years) spant in this	Oate of or
10. Oate deceased lest worked at this occupation (point and spant in this occupation (point and	
11. Total time (years) this occupation (point) and spant in this	
this occupation (pronth and) spant in this / /	1
Other Contributory Causes of Importance:	
(State or country) unlinour	
13. NAME 4	
14. BIRTHPLACE (city or town) Name of operation.	Date of
(State or country) What test confirmed diagnosis? Wes	s there en europsy?
15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town) Date of inju	
(State or country) Where did injury occur?	
17. INFORMANT DATYMON PLAN PRIMER Specify whether injury occurred in INOUSTRY, in HOME, or in F (Address) Bansbowne PO:	aty and State)
18. BURIAL, CREMATION, OR REMOVAL	PUBLIC PLACE.
Place Critical St. St. Date McCli 13 , 1923 Nature of injury	PÚBLIC PLACE.
19. UNDERTAKER William Corlc 24. Was disease or injury in any way related to occupation of dec	PUBLIC PLACE,
(Address) 12/7 Sl- Paul If so, specify	PUBLIC PLACE,
20. FILEO 14/197 , 193) Clowell washiff (Signed) Wird Woodn	PUBLIC PLACE,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	-44
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1982			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be

	County	Anne Arunde!	l		Registration Dist. No. 24	
		city Crownev		te Hospi	talno. st.,	_Ward
	Length of res	idence in cily or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) 28. 28. ds. How long In U.S. if of foreign birth?yrsmos) ds.
2	. FULL NA	*1.7	en Brook			
	(a) Resider		tgomery	County.	Mary, Land Ward.	
-			(Usual place	of abode)	If nonresident give city or town and State	
3. 5		AL AND STATIST		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
f	emale	black		D (write the word)	March 12th 1932	(ear)
5a.	If married, widow HUSBANO of (or) WIFE of	vad, or divorced Unkni	own		22. HEREBY CERTIFY, That I attended decesse	ed fron
			1060		July 14th ,19 30, to March 12 ,19 Ilasl sawher alive on March 12th ,19 32; death	
6. I		(month, dey, end yeer)	1860	If LESS than	to have occurred on the date stated above, at 7:50Pm.	n is said
			nown	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	-1
z	8. Trade, profe	ssion, or particular work done, as SPINNER,	None		Cerebral arteriosclerosis ?	of onset
TIO	SAWYER	, BOOKKEEPER, etc business in which				
UPA	work we	s done, es SILK MILL, LL, BANK, etc				
OCCUPATION	D. Data deceas	ed last worked at pation (month and	11. Total (time (years) int In this		
		1		upation	Dther Contributory Causes of Importance:	
12.	BIRTHPLACE (c		Maryland	4	Senility	
	(State or cou	ntry)				
ER	(State or cou	Nosh Beck	ett			
ATHER	13. NAME	Nosh Beck	ett eryland		Name of operationOate of	
FATHER	13. NAME 14. BIRTHPLAC (State o	Nosh Beck E (city or town) M	eryland		Name of operation Oate of What test confirmed diagnosis? Was there an autopsy	?
HER	13. NAME	Nosh Becker (city or town) Mr recountry) MME Mary Jo.	eryland hnson		What test confirmed diagnosis?	
	13. NAME 14. BIRTHPLACI (State of 15. MAIOEN NAME) 16. BIRTHPLACI	Nosh Beck E (city or town) T country) AME Mary Jo E (city or town) Lateral Beck Lateral Beck	eryland		What test confirmed diagnosis? Was there an autopsy: 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
MOTHER	13. NAME 14. BIRTHPLAC (State o 15. MAIOEN NA 16. BIRTHPLAC (State o	Nosh Beck E (city or town) M r country) AME Mary Jo E (city or town) Ma: r country)	eryland hnson ryland		What test confirmed diagnosis?	
MOTHER	13. NAME 14. BIRTHPLACI (State of 15. MAIOEN NAME) 16. BIRTHPLACI	Nosh Beck E (city or town) T country) AME Mary Jo E (city or town) Lateral Beck Lateral Beck	eryland hnson ryland ecords	and.	What test confirmed diagnosis?	
MOTHER 12.	13. NAME 14. BIRTHPLACI (State o 15. MAIOEN NA 16. BIRTHPLACI (State o INFORMANT (Address) BURIAL OREMA	Nosh Beck E (city or town) More r country) MME Mary Jo: E (city or town) Ma: r country) Ho spital Re Crownsvill TION. OR REMOVAL	eryland hnson ryland ecords	and - 3_ ₁₉	What test confirmed diagnosis?	
17. 18.	13. NAME 14. BIRTHPLAC (State o 15. MAIOEN NA 16. BIRTHPLAC (State o INFORMANT(Address) BURIAL, OREMA Place	Nosh Beck E (city or town) More r country) MME Mary Jo: E (city or town) Ma: r country) Ho spital Re Crownsvill TION. OR REMOVAL	eryland hnson ryland ecords		What test confirmed diagnosis? Was there an autopsy 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 1. Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of Injury Nature of injury	
17. 18.	13. NAME 14. BIRTHPLACI (State o 15. MAIOEN NA 16. BIRTHPLACI (State o INFORMANT (Address) BURIAL OREMA	Nosh Beck E (city or town) More r country) MME Mary Jo: E (city or town) Ma: r country) Ho spital Re Crownsvill TION. OR REMOVAL	eryland hnson ryland ecords		What test confirmed diagnosis?	
17. 18.	13. NAME 14. BIRTHPLACI (State o 15. MAIOEN NA 16. BIRTHPLACI (State o INFORMANT (Address) BURIAL, OREMA Place UNDERTAKER	Nosh Beck E (city or town) More r country) MME Mary Jo: E (city or town) Ma: r country) Ho spital Re Crownsvill TION. OR REMOVAL	eryland hnson ryland ecords		What test confirmed diagnosis?	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
		The second secon	

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Or 4	Registration Dist. No. 21
Village or City Classafieles	No. Comer gency Hospit st, 2 Ward
Length of residence in city er town where death occurredyrsmos	death occurred in a hospital of distitution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth? yrs. mos. ds.
2. FULL NAME Withur Harold	Butter
(a) Residence: No. Callinial	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Mor - 24 1932 (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of June	1 HEREBY CERTIFY, That I attended deceased from 19 1932 Max 24 1932
6. DATE OF BIRTH (month, day, and year) Lune 14 1901	I last saw h. Len alive on Mar. 24, 1932, death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at
30 9 10 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Lobar Framano Date of onest
kind of work done, as SPINNER, Olectrical SAWYER, BODKKEEPER, etc. Plandustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Note that the second of the se	
Mars Mark	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) ALW (State or country)	Myocardial
13. NAME Namel Q. / Butter	Tuestfueren 346
13. NAME Namel G Butter 14. BIRTHPLACE (city or town) Hew. July.	Name of operation.
(State of country)	What test confirmed diagnosis? Clinical Was there an autopsy? Ho
15. MAIDEN NAME Grace Togers	23. If death was due to external causes (VIOLENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town) Mew. Gyork	Accident, sulcide, or homicide? Date of injury, 19
State or gountry)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Jords My Joseth & (Address 770/ Grerge Clay. Washington C	Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL AV	Menner of injury
Place Cortland J. y. Date Mai 26, 1932	Nature of injury
19. UNDERTAKER Jo Con 24. Vaylor (Address) Consumption seed.	24. Was disease or Injury In any wey releted to occupation of deceased?
20, Abrousle 2 5, 19 3 2 Jany 4 C. Jan a 2000	(Signed) F. Welles Marker M. D. (Address) Linea follow M. D.
If more blanks are needed, address State Registrar,	

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Chronic interstitial nephritis APR 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		OF DEA				
	County a	mue.	arm	edel		
		11 -	X:	/,		
Vil	lage or Cit	Spel	Ixre	1 (No		07
	²Fl	JLL NAME,	Vei	reil	the second	- Cla
	PERSO	NAL AND	STATISTI	CAL PART	ICULA	RS
3 9	BEX	4 COLOR	OR RACE	5 SINGLE, MARRIED WIDOWED GR DIVOR (Write the	CED	liva
6 1	DATE OF BI	RTH	0.			
		****************	(Month)	L /(Day	······································	1886 (Year)
7 /	GE	45 45	. 10	nos. 25	1 0	LESS tha
() () ()	b) General a	rofession or nd of work nature of in establishmer yed or (emp	dustry at in	rusek.	repe	·
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-	10 NAME FATHER	/ / /	chal	1 Th	sue	ed.
ARENTS		HER or country)	Mi	regla	sed.	
PAR	0F MOT		reell	MA	elon	/-
		HER or Country)	Mar	reglas	ed.	
14	THE ABOVE	IS TRUE TO	THE BEST	OF MY KNO	WLEDG	E
	(Informan	1	legu	Str	el :	ud
-	(Add	dress)	rd	(20)	120	+
15	Filed /	las	192/2	WVII.	Sai	ylor.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

tellerer (No.	St: Ward) (If death occurred in a hospital or institu-
NAME Secrette Clay	tion, give its NAME instead of street end number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, WARRIED, WIDOWED, GR. DIVORCED (Write the word)	march (Month) 2 1, 1937
Operat 7, 1886 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the degeneed from Mark 2 1932 to mark 2 1922, that I last saw her alive on March 2 1922
45, If LESS than	and that daath occurred on the data stated above, at / 1.1577m.
yrs. 10 mos. 25 ds. or min.?	The CAUSE OF DEATH * was as follows:
ssion or House Keeper	Waits Carlow Deletation
or (employer)	(Duration) yrs mos ds.
" Marylaced	Contributory Secondary A:(Durstion) yrs
Vichard Thomas.	(Signed) M. D. March 22 1922 (Address) 53 Carrent 1)
ountry) Marylased,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Medic of Lajury and (2) Whether Accidental, Suicidal or Homicidal.
e petta atolon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
untry) Mary laced.	At place of deathyrsmosds. In the Stateyrsds.
TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
velegu Clagget.	19 PACE OF BURIAL OF REMOVAL DATE OF BURIAL
s) West Teres ud.	Daniel Har Cueles Man 1522
William M. Saylor.	20 UNDERTAKER ADDRESS ADDRESS AUMAPOLES
If more branks ere needed, address State Registrar	, 16 W. Saratoga St., Battof, Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective or cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury American Medical Association.) telantus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Transition." "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCURAproperly classified. WITH UNFADING INK-THIS IS A PERMANER TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be þe CAUSE OF DEATH in plain terms, so that it may -WRITE PLAINEY B ż

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-00
County Unine Urundel	Registration Dist. No.
Village or City Sudley	NoSt,Ward
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME A Candell	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. N of foreign birth?yrs,mosds.
(a) Residence No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (vortice who word) Male No kile S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vortice who word)	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of Lyda Dawson	22. I HEREBY CERTIFY. That I attended deceased from Leb. 29. 1932 to Man 11. 1932
6. DATE OF BIRTH (month, day, and year) Nov 16 1855	I last saw hom alive on Man 10 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated ebovo, at 4/Am.
76 3 16 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebral Hemorohan
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	8
10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Anne Auncelel G	Other Contributory Causes of importence:
13. NAME Frank Crandell	
13. NAME Frank Crandell 14. BIRTHPLACE (city or town) Ma	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Smith	23. If death was due to external causes (VIOL ENCE) filf in also the following:
15. MAIDEN NAME Mary Smith 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT Frank K Crandell Sudler	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Luckes Com Date Mar 13., 1932	Manner of Injury
19. UNDERTAKER Am O Gelch (Address) Friendship	24. Was disease or injury In any way related to occupation of deceased? 20
20. FILED Mas 12, 1932 Lev Ment Mr. Registrar.	(Signed) Gent Sent M. D. (Address) Churchlur, Ind
If more blanks are madel address Company	

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Example L		Example II	
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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. PHYSICIANS should state Exact statement of OCCNPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEAT	Н			- Wa (12	417
County	Anne	Arunde	1		Registration Dist. No. 2	7
Village or	r City	Crown	sville	State Hos		Ward
		y or town where d	leath accurred		f death occurred in a hospital or institution, give its NAME instead of street and r	
			zikah D			JS US.
2. FULL N					123	
(a) Resid	lence: No	1.10	ntgomer (Usual place	y County of abode)	, ISC, Ward. If nonresident give city or town and	State
PERSO	NAL ANI	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	bla	or race	5. SINGLE, MAR OR DIVORCE M81'1'1	RIED, WIDOWED, D (write the word) e d	21. DATE OF DEATH March 24th (Month) (Day)	, 193 2 (Year)
5a. If married, wid HUSBAND of (or)_VLFE of	lowed, or divor	ced len Jan	e Dorse	y	22. I HEREBY CERTIFY, That I attended Apr. 13 1931 to Merch 24	
6. DATE OF BIRT	II (month day	and year)	1897		36	: death is said
	Years	Months	Deys	If LESS than	to have occurred on the date stated above, et. 6: 154 m.M.	, 40411110 3414
	35	Un	known	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, pre-kind of SAWY	ofession, or pa of work done, a ER, BOOKKEER	S SPINNER.	Labor		Broncho pneumonia	Date of onset
Kind of SAWY 9 Industry of Work SAW1 10. Date decoretion	or business in was done, os SI MILL, BANK, et	which				
- 10 1 1113 01	eased last work	ked et ith and	spa	ime (years) nt in this upation		
12. BIRTHPLACE	(city or town).	350	ryland		Other Cautributory Causes of Importance: Influenza	7 das
1	ountry)	Mhoms	Dorsey			
E		Mrs. 7017				-
(State	ACE (city or tove or country)	wn)Y_			Name of operation Date of What test confirmed diagnosis? Was there an a	utonev?
15. MAIDEN	NAME	Selina	James		23. If death was due to externel causes (VIOLENCE) fill in also the following	
	ACE (city er tov	Money			Accident, sulcide, or homicide? Date of Injury	
17. INFORMANT (Address)	Но	spital	Records	7land	Where did injury occur? (Specify city or lown, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREM	Summer Summer	enoval evice M	ud mar	dr6,1937	Manner of Injury	
19. UNDERTAKER (Address)	The	wel	Vhite	Conid.	24. Was disease or injury in any way related to occupation of deceased? —	
20, FILED / 24	Ę. , Š	32-0	Dola	Registrar,	(Signet) Grownsvill	3 M. D.
		If more	blanks are needed		Out N. Chala Start Policy Post of S. N. J. S. W. J.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED

No. σž

	PLACE County C lage or Cit	ia.	Very MY	Mo (No.	?) w ()	Sla
	PERSO	NAL AND	STATISTI	CAL PARTI	CULAR	s
3 \$	m	4 COLOR	or race	SSINGLE, MARRIED, WIDOWED OR DIVORO (Write the w	CED	rich
6 0	ATE OF BI	Feb	(Month)	185°	3 , 1	(Year)
7 A	GE 7			nos. 2	1 da	ESS than yhramin.?
570	erticular kir o) General i usiness, or	rofession or nd of work nature of ind establishment yed or (emplo E buntry)	in oyer)	my lac	ed	er
RENTS	10 NAME FATHER 11 BIRTHP OF FAT	LACE /M	ilto	r El	dri	4e
PAREI	12 MAIDE OF MOT	N NAME	Tach	ul la	Poor	ner
	13 BIRTHE OF MOT (State of			Va	_	
14	(Informar	t) Loudress)	(rold	ridge M	
15	Filed 8/	29	9523	knus	Kle	color

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

bridge fr	St.:	Ward)	a hospital	occurred in or Institu- its NAME Is - street and
MEDICAL	CERTIF	ICATE O	F DEATH	
16 DATE OF DEATH	ruch	27		1982
***************************************	(M	onth)	(Day)	(Year)
17 I HEREBY C	ERTIFY,	That I atte	nded the de	eceased from
ашту	1982	to 17	auch.	28, 1932
that I last saw h	plive on	mai	15-	1932
			_	9
and that death occurred			bove, at	m.
The CAUSE OF DEATH	* was as I	rollows:		
	1000 00		Tule	culisis,
·····		100		celises!
	/D	0-		nosds.
	Uura	HIOWY CO.	F	108
Contributory	****************			
Secondary	- (Du	ution)	3789	mosds.
	/	_		M. D.
0/28/32192	(Address)	fla	~ Bu	m E
*State the Pisco Violent Causes, state Accidental, Suicidal or	(1) Me	Death, ans of Inju	or, in de ury and (2	aths from Whether
18 LENGTH OF RESI	DENCE (F	or Hospita	als, Institu	tions, Trans-

In the State yrsmos At place of death ____yrs.___mos.___ds. Where was disease contracted, if not at place of dea.h?..... Former or usual residence

If more banks are needed, addre. s ! tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Slationory firemon, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. should be used only when needed. As examples: (a) Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Howsemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Salesmon. -Coal mine, etc. Wom-Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EAST CURING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal ferry (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronehopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERFERAL septicaemia," "PUERFERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvulor heart discose; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, oecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of Examples: Accidental drowning; Struck by roilway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature Example: Measles (disease Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1				MARGI	N RE	SERV	ED	FOR I	MARGIN RESERVED FOR BINDING				/
N. B.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	AINIX,	WITE	I UNFAL	I DNIC	NK-T	HIS	IS A P	ERMANE	M. RE	CORL	Ever	5
9	mation shou	d De ar	efully	supplied.	AGE	should	be	stated	EXACT	LY.	PHYS	SICIAL	SZ
1	CAUSE OF DESCRIPTION in plain terms, so that it may be properly classified. Exact statement	五石	in pla	in terms,	so that	it may	pe	properly	classifie	d. Ex	act st	atemer	nt
"	TION is very important. See instructions on back of certificate.	v imports	ant. S	See instru	ctions	n hack	of	ertificat					

1. PLACE OF DEATH	arundel	Registration Dist. No.
Village or City Gran	akolis	No. St., Wa
Length of residence in city or t	/	t death occurred in a hospital or institution, give its NAME, instead of street and number)
E	own where deeth occurred yrs mo	s ds. How long in U. S. iI of foreign birth?yrs,mos
2. FULL NAME	au in pauce	and the same
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND S	TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR Tomal	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH HAL 24, 193 Z- (Month) (Dey) (Yeer)
5e. II mirried, widowed, or divorced HUSBAND of (or) WIFE of Rober	T J. Faulkner	22. I HEREBY CERTIFY, That I ettended deceased fr March 197 1932 to March 24 1932
6. DATE OF BIRTH (month, day, and	rear) Left 28 1912	Hast saw her elive on murch 34 19.32 deeth is s
7. AGE Years	Months Deys If LESS then 1 dey,hrs, ormin.	to heve occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:
8. Trede, profession, or perticule kind of work done, as SP SAWYER, BOOKKEEPER, e	INNER floreservorke	Sheptococcie Septemen
kind of work done, as SP SAWYER, BOOKKEEPER, e 9. Industry or business In which work was done, es SILK M SAW MILL, BANK, etc	III. Total time (years)	Fururele of face: civago 3-20
year) 12. BIRTHPLACE (city or towns	spent in this occupation	Other Contributory Causes of importence:
(State or country)	W Durall	
14. BIRTHPLACE (city or town) (State or country)	muse md	Neme of operation
15. MAIDEN NAME Law	Phelha	What test confirmed diagnosis? 1200 Wes there en europsy? 120 Wes ther
16. BIRTHPLACE (city or town) (Stete or country)	Levern md	Accident, suicide, or homicide? Dete of Injury, [9
17. INFORMANT GEORGE (Address)	WD wall	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOV	At Date 26, 1932	Manner of Injury
19. UNDERTAKER John 7	Denny Licht St	24. Wes disease or Injury In any wey related to occupation of deceased? 200
20, Filesunch 25, 193	fryke C. Joy en 2 Registrar.	(Signed) Livere Naul

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

S. No. 1

20

PLACE OF DEATH

STATE OF MARYLAND

County Churchel	CERTIFICATE OF DEATH
1 (Oypones Breek)	Registration Dist. No. 2/
Village or City France Carle (No.	//6 J+1 1 Im
	ward) a hospital or institu-
2 FULL NAME Margaret faux Fie	elect stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While Single. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Yelovel 23, 1932 (Month) (Day) (Year)
6 DATE OF BIRTH Masch 43 1932	17 HEREBY CERTIFY, That I attended the deceased from uek 43 1937 to wareh >3, 1932
(Month) (Day) (Year)	that I last saw h So alive on March 23 , 1982
7 AGE [If LESS than	and that death occurred on the date stated above, at 5 P. m.
Os l day hrs.	The CAUSE OF DEATH * was as follows;
yrs. 3 mos. 23 ds. or min.?	A Del
(a) Trade, profession or	Informalies age
particular kind of work	
(b) General nature of industry business, or establishment in	(D)
which employed or (employer)	Contributory Clarocce Bras chiles
9 BIRTHPLACE (State or country) Rallement Hed	Contributory Secondary (Durgton) A. yrs
10 NAME OF HEURY Webstr	(Signed) Matchall J. Veneth M. D.
11 BIRTHPLACE	neh 23 1902 (Address) arrestd 6. C. C. S.
OF FATHER (State or country) Ballineric Tued 12 MAIDEN NAME	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CHIN LINE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER Wanglaned	ients or Recent Residents) At place In the of deathyrsmosds.
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant)	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL 3-25 132
15 Filed 3-23 182 7-4. Beistra	20 UNDERTAKER COOK Balto, Wh

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know in the kind of work and also (b) the er," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed ployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISBALE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." American Medical Association.) stated unless important. approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. Fon violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Mcusles (disease affection necd not be etc. The contributory valvular hcart disease; Measics;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECORD

BINDING PER

FOR

RESERVED

MARGIN

WITH UNFADING INK--THIS

PLACE OF DEATH

STATE OF MARYLAND

PLACE OF DEATH	STATE OF MARYLAND
County anne arendel	CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Sottuan (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Richard Getif	Gott - tion, give its NAME in - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Lingle	16 DATE OF DEATH March 17, , 1982. March (Month) 17 (Day) /932 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 16 1922 to March 17, 1982, that I last saw h Malive on March 17, 1982,
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 9 p, m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	<u> </u>
business, or establishment in which employed or (employer)	(Duration) yrs, mos 2 ds,
9 BIRTHPLACE (State or country) a.a. Colenty	Contributory Secondary (Durstion) 2 yrs mos. ds.
10 NAME OF Edwin Gott -	(Signed) Errily C. Hammond M.D.
State or country) a.a. County	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sterah Tillard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) A. A. Country	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John F. Welson (Address) Cothian und	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL ATTEMPT J. Church Man 19 132 V
Filed War 18th 1982 W. P. Clayton Registrar	20 UN DERTAKER APDRESS Treevelohip Med.
If more branks are needed, addre.s State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neccsworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

6

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

carbolic acid—probably suicide. The n ture of the injury, as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-atic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and a l qu stions Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of QCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	14-a
County a - a -	Registration Dist_No
Village or City annal olio	No. 37 Soff Could St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Drem	
(a) Residence: No. 37 J. J. O. Court (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oấy) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 1932. 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Amafiolis occupation 12. BIRTHPLACE (city or town) Commafiolis Mar. (State or country) 13. NAME TEORY TYPE 14. BIRTHPLACE (city or town) Eastern Phone (State or country) (State or country)	t tast saw h
15. MAIOEN NAME Mary Syzen. 16. BIRTHPLACE (city or town) Cumafiolio (Stata or country) Md 17. INFORMANT Storys Syzen (Address) 37 Soft Count 18. BURIAL, CREMATION, OR REMOVAL Place Frankfull Great Date 3 1 1 1932 19. UNDERTAKER Country Washington St 20. Filtburil 11, 1932 Frankfur Registrar.	23. If death was due to external causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?
sj more vianks are necuea, augress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Mis Prikary

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial apphritis 92 5 1939	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1.	PLACE OF DEATH	
	County Ame Amore	Registration Dist. No. 20
	Village or City Davidon & le N	No. St., Ward
	(1)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? 2.5 yrs ds.
	Length of residence in city or town where death occurred 19 yrs,mos.	es. How long in U.S. If of foleign birth? 2.0 yrsmos as.
2.	FULL NAME John Baptist	Hoas
	(a) Residence: No. (Usual place of abode)	1 Marel. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. 11	married, widowed, or diverced	
	HUSBAND OF COUNTY OF THE PROPERTY OF THE PROPE	1 HEREBY CERTIFY, That I ettended deceased from
	7 -46/600	Hast saw here elive on handh 26 1937 death is sai
6. DA	ATE OF BIRTH (month, day, and year) 15 (and a second secon	to have occurred on the date stated above, at 4. P. m.
1. AC	5-5 / / l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
	8. Trade, profession, or particular	were as follows: Cearly of Lauren - The 3/24/
	kind of work done, as SPINNER. An med	
2	9 Industry or husiness in which	
OCCUPA	work was done, as SILK MILL, SAW MILL, BANK, etc	
5	10. Date deceased last worked at 11. Total time (years) spant in this year) 11. Total time (years) spant in this 2.5 % occupation	
,		Other Coutributory Causes of Importance:
12. 8	(State or country)	2 / 4:
Z	13, NAME Along Bablant Hagas	July 11 les
- 1	14, BIRTHPLACE (city or town)	Name ef operation Date of
7	(State or country) on many.	What test confirmed diegnosis? Was there an autopsy?
2	15. MAIDEN NAME Barbara Aur	23. If death was due to externel causes (VIOLENCE) fill In elso the following:
MOINER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
Ε	(State or country) on many	Where did injury occur?(Specify city or town, county and State)
17. 1	NFORMANT for tratable Haas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. B	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Imapolo M. Date + 127, 1932	Nature of Injury
19. U	INDERTAKER B. L. Hopping (Address) Amabalia M.	24. Was disease or injury in any way related to occupation of decessed?
	HLED 3/28 1932. Carrie Suit.	(Signed) Thushine Hayes M.

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Example I	a. the paper and	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge MAY	July 5,1927	Peritonitis	3 days ago
RDREAD			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02424
State UPA.	1. PLACE OF DEATH	<u> </u>
7.1	County Calout June anual	Registration Dist. No. 26
item of should of OCC	Village or City leady sede	No. St., Ward
= , 0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsmsds.
RD. Every YSICIANS statement	M. K.	Same of the same o
	2. FULL NAME	
RD YS	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECORD. PHYSI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC PF PE	3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	OR DIVORCED (suring the word)	(Month) (Day) (Year)
NDING RMANEX X A C T J	5a. If married, widowed, or divorced HUSBAND of	
BINDI ERMAN EXAC y classi	(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) March 3/ (5)2	I last saw harman live on
B] PE	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.34 P.m.
FOR BI IS A PE stated E properly	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profession, or particular	Date of onset
ED HIS be pe	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Still one
RVI ould may	Q. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED G INK—THIS GE should be that it may be		
RES NG II AGE that		
ZATE	12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
MARGIN UNFADI supplied. n terms, so	(State or country)	
ARG] UNFA upplied terms,	13. NAME Journe Johnson	
D da st		Name of operation Data of
75	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
WITH efully in pla	15. MAIDEN NAME Consa Germille 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
1, "	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
AINLY, Id be car DEATH	State or country)	Where did injury occur? (Specify city or town, county and State)
V PA		Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
PLA Should OF D		Manner of Injury
		Nature of Injury
-WRITE	Norman Haraid	24. Was diseasa or injury In any way related to occupation of deceased?
	19. UNDERTAKER AUTHORITION (Address)	If so, specify
S. No.	on such all I wan the set I have	(Signed) The Colored M. D.
5 7	20. FILED MM	(Address) // - 1/04/

Registrar.

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	Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2000 21 2444	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DUSTATI V.	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

state

Exact statement of OCEUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	50	4	.,	200	
U	4	T	4	1	

1. PLAC	E OF DEAT	Н			940	C * C ()
County	Anne Ar	rundel			Registration Dist. No. 2	2.
Village or City Odenton					No St.,	Ward
Langth	of rocidones in site	v or town where	death assured 1		death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?m	
					yisyisyis.	05
			EEROY_HIC	KS		
(a) Re	sidence: No	Odenton	(Usual place	of abode)	St., Ward. If nonresident give city or town and	Siale
PERS	SONAL AND	STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR	OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Mele	Whit		Marri	D (write the word)	March (Month)	, 193.2
5a. If married,	widowed or divor	ced A TI	Calea			(Teal)
(NEX X DE D	Kak verbe	ma We Ur	LUKS		22. I HEREBY CERTIFY, That I ettended	deceased from
					only after death9 this date	
7. AGE	RTH (month, day, Years	and year) J g	Days	If LESS than	to have occurred on the date stated above, at 2.105 .pm.	death is said
1. AGE	50	2	26	1 day, XX hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
9 Tenda	profession or par	rtigular	1	or X X min.	were as follows:	Date of onset
NO SA sadusti	d of work done, a	S SPINNER	rtrig-loc	omotive	Angina Pectoria	3/31/32
< Stadusti	ry or business in	which	engine		Chronic Myocardisis	unknown
SA SA	rk was done, as SI W MILL, BANK, et	C.W.B.&-	El Rai	lwav		
UIII	s occupation (mon	in and	11. Total t	ime (years) nt in this 20 450 upation		
yea	Ware	h 31/32	00:	upation 20 72	Other Contributory Causes of importance:	
	CE (city or town)_				none	
	or country) C	harles c	o. Md.			
13. NAME	Whlliam	T. Hick	C S			-
4 14. BIRTH	PLACE (city or tov	vn)Waldo	If. Char	les Co.	Neme of operationnone Dete of	
(3)	ate or country)	N			What test confirmed diagnosis? Was there an	au'opsy?_no_
T	N NAME JOS	ephine W	illette		23. If death was due to externel couses (VIOLENCE) fill in also the following	g:
16. BIRTHI	PLACE (city or tov	vn)Wald	lorf, Cha	rles Co.	Accident, suicide, or homicide?XXX Date of injuryX	, 19. 🕱
<u>~ (St</u>	tate or country)		Md.		Where did Injury occur? (Specify city or town, county and Sta	te)
		Mrs. Ver	bena A.	Hicks-	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
(Addres	emation, or re	denton,	Md.			
Place	liner 0	hakel!	nd apr	194 1932	Menner of injury	
	1,1.0/	7.	0		Mature of injury 5000	
19. UNDERTAK		Ram Co	-ole	and ,	24. Wes disease or Injury in any wey related to occupation of deceased?	10
(Addre		35	11. Pl	The same	If so, specify Jasper h. Knox.	M. D.
20. FILED	1/2/	90	112.	Registrar.	(Address) asper N. Knox Lt. M.C.	
		If mod	blanks are needed.		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis A 1 2	1921	Run over by street ear .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- BUREAU V.S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		4 2	

STATE (OF	MARYL	AND-	CERTIFIC	ATE	OF	DEATH
---------	----	-------	------	----------	-----	----	-------

1		- 4	9 .	10
11	1	400	1	6
0	-	-da	-	1 1

1. PLACE OF DEATH				
County Anne Ari	indel		Registration Dist. No. 2	I
	ontown			.,Ward
			f death occurred in a horpital or institution, give its NAME instead of street s	and number)
2. FULL NAME (Stil)	birth) Ja	ackson		
(a) Residence: No. same	(Usual place o	of abode)	St., Ward. If nonresident give city or tow.	n and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH March 18th (Month) (Day)	. 193 2 (Year)
 If married, widowed, or divorced HUSBAND of (or) WIFE of 			22. I HEREBY CERTIFY, That I atte	nded deceased from
5. DATE OF BIRTH (month, day, and year) 17. AGE Years Months	rch I8,	T932 If LESS than 1 day,hrs, or min.	were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		•••••	Stillbirth	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total tir span occup	me (years) tin this pation		
12. BIRTHPLACE (city or town) JO (State or country)	hnsontow	m Md.	Other Contributory Causes of importance:	
13. NAME Frank Ca	ger			
14. BIRTHPLACE (city or town) (State or country)			Name of operation Date	
	et Jacks	on	What test confirmed diagnosis? Was there	
16. BIRTHPLACE (city or town)(State or country)		Md.	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide?	, 19
7. INFORMANT Harrie	t Jackso	n	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) C PLACE.
8. BURIAL, CREMATION, OR REMOVAL Magothy Place	Date Marc	h19 32	Manner of injury	
9. UNDERTAKER Eli S. (Address) Pased	Jackson ena, Md	71.	24. Was disease or injury in any way related to occupation of deceased If so, specify	?
20. FILED 3 7/8 , 1932	za. K	Registrar.	(Signed) Dandar - M	M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 3	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. DNo.4.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITH INFADING INK_THIS IS A PERMANENT RECORD, Ever MARGIN RESERVED FOR BINDIN

SIAIE O	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(83)
County . T		Registration Dist, No. 27
Village or City Anna	bolis	No. 26 houthwest st, Ward
Length of residence in city or town where de		f death occurred in a hospital or institution, give its NAME instead of street and number) of ds. How long in U.S. N of foreign birth?yrsmosds.
£ [17. los	x 14-0 for	1 acolacts
2. FULL NAME OF	1 south	The This
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Coleres	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Pras. 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
9-	le 216 1923	, 19, to, 19,
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Menths	Days If LESS than	I last saw h alive on
1	G 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
8. Trade, profession, or particular		were es follows:
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.	hool box	Angulanth Inouniel
Andustry or business in which	0	V4000000 y corre
work was done, as SILK MILL, SAW MILL, BANK, etc.	11 Total time (wash)	
1D. Dete deceesed lest worked at this occupetion (month end year)	11. Total time (yeers) spent in this occupation	
#	001	Other Contributory Couses of Importance:
12. BIRTHPLACE (city or town) (State or couply)	apour	
13, NAME	andes.	
Ŧ.	0	Neme of operation Date of
4. BIRTHPLACE (city or town)	+1-1	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OROAN	1. Irlinea	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME COCAMA 16. BIRTHPLACE (city er town) (State or country)	000.	Accident, sulcide, or homicide? Dete of injury 19
(Stete or country)	apolis	Where did injury occur?
17. INFORMANT		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury
Plece Min John	Det Prace & , 1932	Nature of Injury
19. UNDERTAKER	yen .	24. Wes disease or Injury in any wey related to occupation of deceased?
		What had a second

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUBNAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS	BY	PHYSICIAN
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plnods BINDIN FOR

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death accurred 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) norre (Year) 5a. If married, widowed, or divorced HUSBAND of 22. FY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Days If LESS than to have occurred on the date stated above 1 day hrs. or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, of SAWYER, BODKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc uo 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation ... instructions 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?. Date of Injury... 16. BIRTHPLACE (city or town) OF DEATH (State or country) Where did Injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of Injury LION 24. Wes disease or Injury In any way releted to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed). Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- T T T 3.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

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BINDIN

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?______yrs._____mos._____ds. Length of residence in city or town where death 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL ARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Month) (Day) (Year) . If married, widowed, or divorce HUSBAND of Lattended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. were as follows Data of onsat 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. of SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... no 1D. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) HER FAT See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?____ ----- Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in elso the following: Accident, suicide, of homicide? Date of Injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOV Menner of injury CAUSE mation Nature of injury 24. Was disease or injury In eny way related to occupation of deceased? 19. UNDERTAKES (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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TION is very important. See instructions on back of certificate.

STATE OF MA	ARYLAND-	CERTIFICAT	E OF DEATH
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1	L. PLACE OF DEATH	1240)	11
	County Anne Arundel	Registration Dist. No.	
	Village or City Grownsville State Hosn	it Na	Ward
	(R	death occurred in a hospital or institution, give its NAME instead of street and numb	oer)
			ds.
	2. FULL NAME John L. Johnson		
	(a) Residence: No. Baltimore City, Maryl (Usual place of abode)	. & nst., Ward. If nonresident give city or town and State	c
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	male 4. COLOR OR RACE DISCK 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) married	21. DATE OF DEATH March 3rd, (Day)	3 2 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. HEREBY CERTIFY. That I attended dece Feb. 18th 1932 to March 3rd	
a	DATE OF BIRTH (month, day, and year) 1894	Hast saw h im alive on March 3rd 19 32 de	
-	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7:30 A. M.	
	38 Unknown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
z	8. Trede, profession, or parlicular	Hupertrophic cirrhosis of the	ate of onset
100	kind of work done, es SPINNER, Laborer	liver	?
JPA	9. Industry or business in which work was done, as SILK MILL,		
OCCUPATION	SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spent in this occupation continuous).		
12	BIRTIPLACE (city or town) Unknown (State or country)	Dther Coatributory Causes of importance: Alcoholism	?
ER	13. NAME John J. Johnson		
FATHER	14. BIRTHPLACE (city or town) Maryland	Name of operation — — — Date of	
F	(State or country)	Whet test confirmed diagnosis? Was there an eutop	psy?
MOTHER	15. MAIDEN NAME MERY MOON	23. If death was due to external causes (VIDLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or town) Horth-Gardlina	Accident, sulcide, or homlcide? Date of injury Where did injury occur?	., 19
17	INFORMANT Hospital Records (Address) Crownsville, Maryland /	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Date Date 193	Nature of injury	
19	UNDERTAKER Saeury The Constitution (Address)	24. Was disease ar injury in any way related to occupation of deceased?	,
20	Filedwarch 4, 1932 fray 4 e. for a ma	(Signed) Crownsville, Maryland	S.M.D.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1 02 >

PLACE OF DEATH County Classe Chandel,	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Seven (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME / Mas (Mus	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
James A COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 192 192 193 (Month) / 3 (Day) / 93 (Day)
Month) (Day) (Year)	that I last saw h
3 AGE If LESS the I day hr	s. The CAUSE OF DEATH was a sollows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) (La . 6. 97)d.	Contributory Secondary (Duration) yrs
FATHER Basil Jones	(Signed) M.D.
OF FATHER (State or country) (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	if not at place of dea.h?
(Address) Secret Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9/19 . 19 . 3
Filed 2/14/ 19132 gues & Gergay	Seventher Seventher
If more banks are needed, address tate Kegist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired. 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Physician, Compositor, Architect, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as For persons who have no occupation (b) Automobile factory. The material Laborersingle word or term on -Coal minc, etc. Wom-Locomolive engineer, 3 Grocery; Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart tatrute,
> "Old Age," "Shock," "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (secondary Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease, "Senile," etc.), "Dropsy, etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

0	2	4	3	3	

1. PLACE OF DEATH	3 3		(24)	
County Ane Anu			Registration Dist. No.	
Village or City Crowns	sville St	sate Hospi		Ward
Longth of residence in city or town wh	ere death occurred	4)	If death occurred in a hospital or institution, give its NAME instead of street and num s	
2. FULL NAME Ca	therine :			
	ltimore (ity, Mar		
DEDCOMAL AND COLOR		e of abode)	If nonresident give city or town and Sta	ile
3. SEX 4. COLOR OR RACE		RRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
lemale black		ED (write tha word)	March 16th (Month) (Day)	93 2. (Yaar)
5a. If married, widowed, or divorced HUSBAND of Or Unknow	vn		22. I HEREBY CERTIFY. That i attended dec January 7th 1932 to March 16	ceased from
6. DATE OF BIRTH (month, day, and year)	1908		Hast saw ter alive on March 16th 1932 d	.,
7. AGE Years Months		If LESS than	to have occurred on the data stated above, at 2: 30 A m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	iknown	or min.	ware as follows:	ate of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	None			70 Da
9. Industry or business in which				
work was dona, as SILK MILL, SAW MILL, BANK, etc	11 Total	time (vesre)		
this occupation (month and yaar)	\$p	time (years) ent in this cupation		
12. BIRTHPLACE (city or town) North	h Caroli	.ทย	Other Contributory Conses of importance: Manic depressive - manic type 7	O Das
E 13. NAME OSCET I	Rackett			
14. BIRTHPLACE (city or town) NOI (State or country)	th Carol	ina	Name of operation Data of What test confirmed diagnosis? Was there an auto	
15. MAIDEN NAME Alice	(Unknown)		23. If death was due to external causes (VIDL ENCE) fill in also the following:	p+,,
15. MAIDEN NAME Alice	orth Caro	lina	Accident, sulcide, or homicide? Date of injury	., 19
— ((State of County)			Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT HOSDITEL (Address) Grown		Maryland	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	<u>:</u>
18. BURIAL, CREMATION, OR REMOVAL	1 - 3	1.0 1.	Manner of injury	
Place	Ca byte	18 ,190 4	Natura of Injury	
19. UNDERTAKER OTT-P. W.	Merode	dujoh	24. Was disease or injury in any way related to occupation of deceased?	
(Addrass) Walesbus	70 md	A'	If so specify I I I I I I I I I I I I I I I I I I I	/5
20. FILED 3/18. , 132	500	Registrar.	(Signad) (Address) 107 ASVILLE M.	7 M. D.
If n	nore blanks are needed	Address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1832			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCURAproperly classified. IS A PERMANEN MARGIN RESERVED FOR BINDING See instructions on back of certificate. B.-WRITE PLAINLY, WITH UNFADING INK-THIS AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

V. S. No. 1

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ST	ATE O	E MAD	/I AND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATI		MAK	LAND	CENTIFICATE OF BEATH	434
Λ	Arunde]			(08)	4
oodinty			t. Thenis	Registration Dist. No.	7
Village or City	ownsyil	TTG Dra	te Hospi	death occurred in a horpital or institution, give its NAME instead of street and no	umber)
Length of residence In city	or town where dea	ath occurred	yrs. 10 mos	10 ds. How long In U.S. if of foreign birth?mos	ds.
2. FULL NAME	Fred .	Jones			
(a) Residence: No.	Somers	(Usual place	nty, Mar	1 Stad Ward. If nonresident give city or town and S	State
PERSONAL AND	STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	3,000,000,000,000,000,000,000,000,000,0
male 4. color blace			(write the word)	21. DATE OF DEATH March 23rd (Month) (Day)	193 2 (Year)
5a. If married, wldowed, or divorce HUSBAND of (or) WIFE of — — —	ed		,	22. I HEREBY CERTIFY, That I attended d May 13th 1931 to March 23rd	leceased from
6. DATE OF BIRTH (month, day, a	nd year)	1909		Hast saw h. im alive on. March 23rd , 1932;	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 10:20 n. M.	
23	Unk	nown	or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or part kind of work done, as SAWYER, BOOKKEEPE	SPINNER, IR, etc.	Bootbla	ck	Lober pneumonia	22023
SAWYER, BOOKKEEPE SAWYER, BOOKKEEPE SAWYER, BOOKKEEPE SAW MILL, BANK, etc 10. Date deceased lest worke this occupation (month	K MILL.				
10. Date deceased lest worke this occupetion (month year)	d et	11. Total tin	ne (years) t in this		-040040000
12. BIRTHPLACE (city or town) (State or country)	Marylan	ıd	~ · · · · · · · · · · · · · · · · · · ·	Other Coutributory Causes of importance:	
13. NAME JOE	Jones,	dead			
13. NAME JOE 14. BIRTHPLACE (city or town (State or country)	Merro	land	~~	Name of operetion Dete of What test confirmed diagnosts? Was there an au	
15. MAIDEN NAME	da (Un)	mown)		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country)	, Mar /la	nd		Accident, sulcide, or homicide?	
	spital whsvill			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL CREMATION, OR REN	MOVAL	Date 5	24,132	Manner of injury	
19, UNDERTAKER	· Wu	leion	Just -	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED 24. 32.19	1	20/	tone	(Signated Leaf	/ M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 97 N 0 1932	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be arreaded by stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	, 0: 793)
County	
Village or City Wardow West	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	s. S. ds. Howlang in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Herman F. Kr	afft. Je
(a) Residence: No. Wardow	St., Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar 12
yn w single	(Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) three or	, 19, 19, 19, 19, 19
DATE OF BIRTH (month, day, end year) July 7-19/6	I last saw h alive on, 19; death is sai
AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated above, at 118 am.
/5 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: Date of onse
8. Trade, profession, or particular kind of work done, es SPINNERA & A D DOLL	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. School Boy 9. Industry or business in which	accidently, Electric
work was done, as SILK MILL, SAW MILL, BANK, etc.	Shook
10. Date deceased last worked at this occupation (month and spant in this	211191
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) and the company of the	
(State or country)	
14. BIRTHPLACE (city or town) Was start cili	
14. BIRTHPLACE (city or town) Wind your city	Neme of operation
15. MAIDEN NAME MONE W. Benear	What test confirmed diagnosis? Was there an europsy?
and the same of th	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Describe on (State or country)	Where did Injury occur?
1/2. V Na Dhe AN	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) amobiles ma p. 7. 10	- The state of the
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Noval Garlery Date Mar 14, 183	Nature of Injury
9. UNDERTAKER B L. Hopping.	24. Was disease or injury in any wey related to occupation of deceesed?
(Address) annapolis mg	If so, specify
hearders ha & we o Day Gus	(Signed) Beng 6 13 asshered & June
20 FI(E) 2 193 2 17 2 18 2 18 2 18 2 18 2 18 2 18 2 18	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	DDITIONAL	TIONAL SPACE FOR	FURTHER	STATEMENTS	13 Y	PHYSICIA
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA--WRITE PLAINLY,

SIAIL OF MA	ARYLAND—	CERTIFICATE OF DEATH
1 2 //	110	505100
County Amy At W	Cacc	Registration Dist. No
Village or City X A		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurre	edyrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME 1081	ona	+ 300 mons source
(a) Residence: No. (Usua	Iplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH
May IV ORDIN	, MARRIED, WIDOWED, ORCED (with the word)	21. DATE OF DEATH))) Arch , 198) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1	22. I HEREBY CERTIFY, That I attended deceased fro
//		, 19, to, 19,
6. DATE OF BIRTH (month, bay, and fear)		I last saw h elive on, 19; death is sa
7. AGE Years Months Day	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
Tax !	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKLEPER, etc.		John Com Catalons
SAWYER, BOOKKLEPER, etc.		
9. Industry or business in which work was dome as SILK MILL, SAW MILL, BANK, etc.		200 Lucut
U 10. Date daceased lest worked at 11	Total time (years)	
this occupation (month and year)	spant in this	
11 /hx	· u l o	Other Contributory Causes of importance:
12. BIRTHPLACE (city or toyon) (State or country)	no part	
	regerous	
13. NAME John Busk	n	
14. BIRTHPLACE (city or town) 4. Ges.	-0	Name of operation Dete of
(State or country)	un,	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Joneville La	nalot	23. If death was dua to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	CATY,	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	gland	Whera did injury occur?
17. INFORMANT AND SUSAN (Address)	That	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
PlaceDate	, 19	Notice of Johnson
19. UNDERTAKER Daysund	57	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED J. M. Portines	Registrar.	(Signed) M. (Ardress) M.
If more blanks are ne	eded, address State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1932			
Other contributory causes of importance:	0.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-		
0		
Z		
'n		
>		

1. PLACE OF DEATH	/ ((131)	31
County Come Cu	inder o	Registration Dist. No.	
Village Dr City Lun	humisi	ND. St., V death occurred in a horpital or institution, give its NAME instead of street and num	Wa
Length of residence in city or town where de		osds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Civale	na Lynch		
(a) Residence: No. 6 th au	U- Slenburn	e/ St. Ward.	
	(Usual place of abode)	If nonresident give city or town and Stat	te
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
Temale white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the) word)	21. DATE OF DEATH March (Month) (Ddy)	93 Z
5a. If married, widowed, or divorced HUSBAND of John A. A	ynch	22. I HEREBY CERTIFY, That I ettended dece	eased
6. DATE OF BIRTH (month, day, and year)	1913th 1854	I last saw har alive on 2 3 mas 1932 de	leath is
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2.15 1 m.	
77 7	1 day,hrs	ware as follows.	ate of c
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		Ineumonia, Chronie	~- A
	mora	or Unresolved-	
9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	none	10	197
10. Date deceased lest worked at this occupation (month and year)	11. Total time (years) spant in this occupation	2	
12. BIRTHPLACE (city or town) Bath	mus Varke	Other Coutributory Causes of Importance:	
(State or country)		'De seas!	
# 13. NAME alva (Ju	tler		
14. BIRTHPLACE (city of town) Both	h new York	Name of operation	
(State of country)	7.11	What test confirmed diagnosis? Was there an eutop	psy2
15. MAIDEN NAME	Silbert 1	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	the few york	Accident, suicide, or homicide?Date of injury	_, 19
(State of County)	0 0. 4	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	en hun	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	•
18. BURIAL, CREMATION, DR REMOVAL	a lad	Manner of Injury	
Placestallisated	Date March 27, 1932	Neture of injury	
19. UNDERTAKER COM CO	rok!	24. Was disease or injury in eny way related to occupation of deceased?	1
(Address)		If so, specify	
20. FILED 3/24 , 1982	ans However	(Signed Ward Woodsuf	
	Register:	(Address) Jans Wellingero / 1	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of inforof occurry

Exact statement

be properly classified.

See instructions on back of certificate.

EDEATH in plain terms, so that it may

TION is very important.

CAUSE mation

B.—WRITT

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	84	18	13	C
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1. PLACE OF DEATH				~ 100
County Anne Am	ındel		Registration Dist. No. 2	1
Village or City <u>Crownsvi</u> Length of cesidence in city or town where		te Mospit	death occurred in a hospital or institution, give its NAME instead of street and	
2. FULL NAME Cha	erles E.	CMayo		
(a) Residence: No. Ba	ltimore (Usualplace	City, Mar	Ist.nd Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male 4. COLOR OR RACE black	OR DIVORCE	RED, WIDOWED, D (write the word)	21. DATE OF DEATH March 10th (Month) (Day)	, 193 2 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	nga .		22. HEREBY CERTIFY. That I attended Tobil 20th 1931 to March 10t	d deceased from
1	1007		Hast saw h im alive on March 10th 19 3	., 19
7. AGE Years Months	1883 Pays nl:nown	If LESS than 1 day, hrs.	to have occurred on the date stelled above, at 7:10P m. The PRINCIPAL CAUSE OF DEATH and related causes of importence	down 13 Sale
8. Trade, profession, or particular	1	; 01	General Paralysis of the	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Laborer		Insane	?
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year)	11. Total t	time (years) ont in this upation		
12. BIRTHPLACE (city or town) [N] (State or country)	orth Car	olina	Other Contributory Causes of importence: Lues	?
13. NAME Thomas	Mayo			
13. NAME Thomas 14. BIRTHPLACE (city or town) (State or country)	rth Caro		Name of operation Date of Whet test confirmed diagnosis? Was there an	aulopsy?
15. MAIDEN NAME Jenni	e (Unkno	wn)	23. If death was due to external causes (VIDL ENCE) fill in also the following	ng:
15. MAIDEN NAME Jenni 16. BIRTHPLACE (city er town) No: (State or country)	rth Caro	lina	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
(Address) Crowns	ecords	ervland	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMINION, OR REMOVAL ON	L Date 2/	12 332	Manner of injury Nature of Injury	
19. UNDERTAKER & Lward (Address) /63/. Orlea	100 la	4. Balle	24. Was disease or Injury in any way related to occupation of deceased?	. 0
20, FILED 3/12 . 37.19	O Dy	Registrar.	(Signed) X	OUP
If mor	re blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. Q., 112 7	£_

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	. ,		

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

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				V				

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	34
County /	Registration Dist. No. 27
Village or City and Tarol.	NoSt,Ward
//	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosmos
2. FULL NAME Manuel Mose	
0. 160.0	Ch. Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (agrice the word) Service of the state of the s	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from ,19, to
6. DATE OF BIRTH (month, day, and yeer)	I last saw h ; death is said
7. AGE Years Months Deys If LESS than 1 day, hrs. ormin.	to have occurred on the date stated above, at ##
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Syphilie Cardio Vascular
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10, Date deceased last worked et this occupation (month and	Dinace
10, Date deceased last worked et this occupation (month and year)	direction five years
12. BIRTHPLACE (city or town) Cambridge ml (State or country)	Other Contributory Causes of importance: Olivativy Apoplerly - Two days
13. NAME Kenry Mugels)	
13. NAME Herry Muges 14. BIRTHPLACE (city or town) Cambridge Mis.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Seneration Landus 16. BIBTHPLACE (city or town) Caston 111	23. If death was due to external causes (VIOLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town) Posts 11 (Accident, suicide, or homicide?
17. INFORMANT LLY Lilneale (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place lo leury. Chr. Deleurs 25, 1932	Nature of Injury
19. UNDERTAKER JO Tunson (Address) 2 6 ela 2.	24. Was disease or injury in any way related to occupation of deceased?
20. Fille as cle 27, 1932 frag 4 C. fr a note. Registrar.	(Signed) John W Anderson, P. alling as longs
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	Part A.
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 APR 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BURBAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory Gallstones	causes of importance:	May 1,1923	Other contributory causes of importance:	
<i>dunsiones</i>		May 1,1925	Gastroenterius	1 year

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Example I	finding of	Example II	71
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	i week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	S days ago
APR STUDE			4
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Fract statement of OCCUPA-

stated EXACTLY. properly classified.

should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(4c)	
County W & Co.	Registration Dist. No.	
Village or City Lamp Daro O.	No. St., stead of street and number)	Ward
	ads. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Offina fate	No.	
(a) Residence: No. (Qual place of abode)	St Mard, If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Waz, 20, 198 Z	►
5a. If married, w'dowed, or divorced HUSBAND of (or) WIFE of	22 HEREBY CERTIFY, That I attended decaased	
6. DATE OF BIRTH (month, day, and year) 7 1 - 1871	I last saw her alive on Mar 19 1932; death I	is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 3.9. m.	
6/. 1 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Caremana reeling 12	
9. Industry or business in which work was dona. as SILK MILL.		72.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) sp.mt in this occupation		
12. BIRTHPLACE (city or town) Let & Let . (State or country)	Other Contributory Causes of importance:	D
	Debilita	934
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Christian Was there an auropsy?	20
15. MAIDEN NAME MARKENERS	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?	
17, INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Hope Chapel Date Muncle 22, 19.3	Manner of injury	
19. UNDERTAKER Consulto & Stocks for (Address)	24. Was disease or injury In any way related to occupation of deceased? #0	
20. FILEDWIRL 22,19.3 2 4 2 4 2 Registrar.	(Signed) 4 Willis Martine	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		ALICANA DE LA COMPANION DE LA		

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mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	5,	19	18	17
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1. PLACE OF DEATH	- Rig
County Minge Wundel	Registration Dist. No.
Village or City Churchlon	NoSt,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) s
Che No p	
2. FULL NAME / Mary / Male	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Vay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Archard Neale 6. DATE OF BIRTH (month, day, and year) Unknown 1873	I HEREBY CERTIFY. That I attended deceased from ter 22 ,1932, to Man 1/ ,1932 I last saw har alive on Man 10 ,1932; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 21.3.0 Am The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Internal Obstruction Other Contributory Causes of importance:
II 13. NAME S + CD 'DA	
Ĭ.	Name of operation Date of
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Com Date May 13, 1932	Manner of injury
19. UNDERTAKER I A Hardesly (Address) Galesville Ing	24. Was disease or Injury in any way related to occupation of deceased? HD
20. FILED MRS 12, 1932 Ges A Lesh M. D. Registrar.	(Signed) Service Allow M.D. (Address) Physical Physics

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUEBAU V. S.	1		
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
Gallstones	May 1,1923	Gastrocnteritis	1 y

ż

Coul Villa Leng	ce of DEATH Anne Arund ge or City Growns vi th of residence in city or town where L NAME John	lle State Hosp	death occurred in a hospital or institution, give its NAME instead of street an	
(a)	Residence: No. Wigg	mico County, Mar (Usual place of abode)	r. / Ist., nd Ward. If nonresident give gity or town a	nd State
PE	RSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX ma]	e black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH March 15th (Month) (Day)	, 193 2 (Year)
HUSBA (or)—W	teof Teaste wa	endolph 1888	22. I HEREBY CERTIFY. That I attended to July 7th 1930 to March 15: Ilast saw him alive on March 15th 1930	th , 19. 32
7. AGE	Years Months 44 Ur	Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 2: 30 Å m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
9. Inde	le, protession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc istry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cook	General Paralysis of the	?
12. BIRTHP	deceased last worked et this occupation (month and year) ACE (city or town) a er country)	11. Total time (years) spent In this occupation	Other Contributory Causes of importance:	?
	HE Henry Rando		Name of operation	
15. MAI 16. BIR	DEN NAME Annie (THPLACE (city or town) Indi (State or country)	Mason, dead	What test confirmed diegnosis? Was there a 23. If deeth was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur?	ing:
	INT CIO WILST CREMATION, OR REMOVAL	Records ville, Maryland Date 3/19 32	Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Manner of injury Neture of injury	PLACE.
19. UNDERT		Dogee	24. Was disease or injury in any wey releted to occupation of deceased? If so, secify (Signed	W/ZM

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1932	July 5,1927	Peritonitis	3 days ago
	BURRAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and

number.)

MEDICAL CERTIFICATE OF DEATH

1932

MANUA 2 - (Month) 92 (Day) (Year)

I HEREBY CERTIFY, That I attended the deceased from

MANUA 1932 to March 1932

that I last saw h invalive on March 1932

and that death occurred on the date stated above, at 1932 in

The CAUSE OF DEATH * was as follows:

MANUAL CONTRIBUTION OF THE CONTRIBUTION OF THE CAUSE OF DEATH * was as follows:

(Durstion) yrs. mos. do

Contributory Club Neffection

Secondary

(Signed) (Signed)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and

At place of death yrs mos. 7 ds. State yrs mos. ds. Where was disease contracted, if not at place of death? What was disease contracted, where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

20 UNDERTAKER

Accidental, Suicidal or Homicidal.

Mar 9 , 19

deaths from

and (2) Whether

ann of the

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary). stated unless important use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. affection need not be valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDIN

MARGIN RESERVED

state infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Change arundel	Registration Dist. No.
Village or City Curapolis	No. 41 Combell St. 2 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. it of foreign birth? yrs. mos. ds.
\$ 6 - A	
2. FULL NAMES Caster J. Ma	la
(a) Residence No. 41 Cuffel (Usual place of abode)	St., A Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 133 =
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Single	22. The I HEREBY CERTIFY. That I attended deceased from 19 3 to Mach 13 19 32
6. DATE OF BIRTH (month, day, and year) Nov- 26 4 1862	I last saw h 122 alive on Mach 13 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dato stated above, at 10 P.m.
49 3 16 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SIIK MILL	mycard
DE SAW MILL PANK etc	0
10. Dato deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town). Ballinne 24d. (State or country).	Other Contributory Causes of importance: ac Number (m.) Jolens
	0
13. NAME Verves Scala 14. BIRTHPLACE (city or town) Italy	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chrelia Ameriata	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 2tal	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Frank Scala and	(Specify city or town, county and Stata) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL . 711-14 1/2 3	Manner of Injury
Place Usysafrolis Date Mar 16, 1932	Nature of injury
19. UNDERTAKER John 24, Vanglor (Address) Christaphilis 2nd.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEBrand 15 , 1932 fray 6 C frage Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.-WRITE V. S. No. 1 ż

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62448
1. PLACE OF DEATH	95-2
county Amo foundel	Registration Dist. No. 23
Village or City Jentheeum Belfhi	o ND/19+4 Ky S+as+10 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Lawren CAShillanh	ura
(a) Residence: No. 2/59 Hollins (Usual place of abode)	St, Ward. Palfimore Chy If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Rurise the word) Third	21. DATE OF DEATH 21 march (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
C DITT OF BIRTH () 1 / 1 / 2 7 8	Q a d -7/M
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 110 f.m.
54 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER lectrical Worker SAWYER BODKEFPER etc.	Cardio Vascular Disease Date of onset
SAWYER, BODKKEEPER, etc. SALVANCE VIOLET	Suration 5 years.
9. Industry or business in which work was done, as SILK MALL BAY BALLERUY	
10. Date deceased last worked at this occupation (markle and 19) 2 spant in the spa	- N
12. BIRTHPLACE (city or town) Rallings (State or country)	Dither Coutributory Causes of importance: Jewiff Mysecardial
	Jailies 5
I I	Name of a section of the section of
14. BIRTHPLACE (city or town) State or country)	Name of operation
15. MAIDEN NAME Farmie Stalling	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
S (State or country) Sallmul	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Edith I Hamm. (Address) 2/59 Halling A	Specily whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Placestondon Park Date /23, 1932	Nature of Injury
19. UNDERTAKER Robert Brooks & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Calhom & Halling at	If so, specify
20. FILED Mas h Z Z 19.32 Culdwell Masching	(Signed) all well was suff. M. D. (Address) Linthillium Hights Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
100			

V. S. No. 1

nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH	149
	1. PLACE OF DEATH	To 2 3	
showld f OCC	County UG	Registration Dist. No.	
7= 0	Village or City Tarvallally (If	NoSt., death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
ery (NS) ent	Length of residence Incity or town where deeth occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmos	ds.
ND. Every FSICIANS statement	2. FULL NAME AUCH Sugar	Inifiley	
	(a) Residence: No. A. M. W.Y. A. C. M. (Usual place of abode)	Ward. If nonresident give city or town and S	State
ECO PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
E X	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH March. 18 (Month) (Day)	f96. 2 (Year)
PERMANEN EXACTI y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryaret Maris Shipley 6. DATE OF BIRTH (month, day, and year) Flory 10 1905	22. I HEREBY CERTIFY, That I attended do Men. 15, 19.32 to Man. 18 1 last saw h alive on	eceased from , f9_8_2; deeth is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
he sof co	8. Trade, profession, or particular kind of work done, as SPINNER, Maghinush SAWYER, BDOKKEEPER, etc.	Like Presmonia:	Mai 15
INK—TF Should t it may on back	kind of work done, as SPINNER, MARMALLES SAWYER, BDOKKEEPER, etc. Lindustry or business in which work was done, as SILK MILL, tate Road Doff SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 17. Totel time (years) spant in this occupation.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
NFADING plied. AGI erms, so tha instructions	f2. BIRTHPLACE (city or town) ace - Drysey' (State or country)	Other Coatribatory Causes of importance:	200,11
NF oplie erm inst	13. NAME Howard B Shipley		
fTII U	f4. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diagnosis? Was there an eu	opsy?
V, fTry efully in pla int.	15. MAIDEN NAME Sertha Leutner	23. If death was due to external causes (VIDLENCE) fill in also the following:	
INLY, W. be careful EATH in important.	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
PLAID polid b DE DE	17. INFORMANT May Maryunt Ahrflyg (Address), mulale Turk	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Output Description of the property of the) GE.
is is	18. BURIAL, CREMATION, OR REMOVAL Place Schology Grank Date 3/2/2, 1933	Manner of Injury	
WRI Jatio	19. UNDERTAKER 1. Justier Louis	24. Was disease or injury in any wey related to occupetion of deceased?	200

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURRAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:	= 711 61		
Gallstones	May 1,1923	Gastroenterilis	1 year		
			A THE PARTY OF		

· Billing Real	fine	deroy you	

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	1,	15			£	3
6	6	20	g	7	8	}

1. PLACE OF DEATH						(83)	, 5 0 0
				rundel		Registration Dist. No.	1
				ville		pinel st.,	Ward
	Length of resid	dence in city or to	own where de	ath occurred 1		death occurred in a hospital or institution, give its NAME instead of street and 16 ds. How long in U.S. if of foreign birth?yrs	
2	2. FULL NAI	T		G. Si		st. Ward.	
-				(Usual place		If nonresident give city or town as	id State
		AL AND S				MEDICAL CERTIFICATE OF DEATH	
	male	4. COLOR OR bla	ck	OR DIVORCE	RIED, WIOOWEO, D (write the word) Sried	21. DATE OF DEATH March 1st (Month) (Day)	., 193 2 (Year)
5a.	If married, widow HUSBAND of (or WHIFE of		en Sim	pson		22. I HEREBY CERTIFY, That I attende Feb. 13th 19 31 to March 1st	
6	DATE OF BIRTH (month day and	voar)	1895		Hast saw h_im_ alive on Merch lst	
	AGE Yea		Months	Oays	If LESS than	to have occurred on the date stated above, at 6: 10A m.	
	3	7	Unl	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, Sailor SAWYER, BOOKKEEPER, etc.			Sa il	or	General Paralysis of the Insane	- P
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc						
OC	10. Oate decease this occupyear)	ed last worked a pation (month an	t d	SD3	ime (years) nt in this upation		
12.	. BIRTHPLACE (cit (State or cour		Jama	ica		Other Contributory Causes of importance:	?
ER	13. NAME	Al	fred	G. Sim	pson		
FATHER	14. BIRTHPLACE (State or		Jamai	ca		Name of operation Date of	
2	15. MAIOEN NA		Emilia (Unknown)			What test confirmed diagnosis? Was there at 23, If death was due to external causes (VIOLENCE) fill In also the following	n autopsy?
MOTHER	16. BIRTHPLACE (State or	(city or town)	Unkn			Accident, suicide, or homicide? Oate of Injury Where did injury occur?	
17. INFORMANT HOSpital Records (Address) Crowns ville, Maryland				vland	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.		
18.	BURIAL, CREMAT	ion, or remov	p and	Oate Ma	14 1932	Manner of Injury	-
19	UNOERTAKER (Address) 3	in hate	e R.	Willis	st Role me	24. Was disease or injury in any way related to occupation of deceased? If so, specify	0
20.	FILE FRANCE	1 2 , 193	Josep	14 C. g	Registrar.	Signed CHUY A MINE	Sex M. D.
			If more bi	anks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Mery 1	end

PLAINLY,

B.—WRITE

ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

80

	PLACE OF DEATH	
Co	ounty anne armdel	(23
Villa	ge or City Odenton (No.	,
		8
	2 FULL NAME forephine	0
	PERSONAL AND STATISTICAL PARTICULARS	
g si	Married, Married, Married, Married, Willowell Mille (Write the word)	16
6 D.	ATE OF BIRTH	
	(Month) (Day), 1891	tha
7 AG		an
	4 Dyrs. 32 mos. 9 ds. or min. ?	Th
(a) pa (b)	CCUPATION) Trade, profession or Husseuffe articular kind of work.) General nature of industry usiness, or establishment in hich employed or (employer)	
9 BI	(State or country) Ballonne.	
	10 NAME OF HOME Pente	(Si
ENTS	11 BIRTHPLACE OF FATHER (State or country) Serving	4.3
PARE	12 MAIDEN NAME Gentrude Smith	18
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At of W
14 T	THE ABOVE IS THUE TO THE SEST OF MY KNOWLEDGE	if n
	(Informant) Lem Smith Huday	For ust
	(Address) Odentin my	1
The F	3/28/3 2 192 ON Port	20

62451 STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-ion, give its NAME in-ctead of street and number.)

MEDICAL	CERTIFICATE	OF DEATH
---------	-------------	----------

1 COLOR OR RACE 5 STAGE MARRIED, MARRIED,	March 27 1932
While OR DIVORCEM MEN	(Month) (Day) (Year) 17 A I HEREBY CERTIFY, That I attended the deceased from
TH O	Jany. 1, 1932 to March 26, 1932.
Dec. 18. 1891	that I last saw h ex alive on March 26, 1932,
(Month) (Day) (Year)	and that death occurred on the date stated above, at 4.05 p.m.
If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:
4 Dyrs. 2 mos. ds. or min. ?	P
fession or 26 -	Vulumany Jubereulosis
of work	0
stablishment in	(Duration)
ed or (employer)	Contributory Secondary
country) of allowne.	O. M. (Deration)vrsmosda.
0F 2/ 0 +	(Signed) John / Clay fry M. D.
Hony Venle	Mar. 29, 1932 (Address) Lawbrills Med.
PLACE CHER Or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
N NAME	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
service mil	ients, or Recent Residents)
PLACE PHER OF COUNTRY)	At place of death yrs. mos. da. In the State, yrs. mos. da.
IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Ven Smith Hudand	Former or usual residence
Odoutin mis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
css) () () () () () () () () ()	A. Marys of the frelds Mar 30 1032
192 DV Pory	20 ENDERTAKER ADDRESS
Registrar	Jull- Omill In 1811 11 Work
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestive V. S. No. 1.

(Approved by U. S. Ceusus and American Public Health Association.)

ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the a 'ditional line is provided for the latter statement; it fulness of various pursuits can be known. The quesw. natever. write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton will; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia");— Lobar pneumonia, Bronchopneumonia ("Pneumonia."

> ment of cause of death approved by Committee ou head of "contributory." Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronehopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and conse-Examples: Aecidental drowning; Struck by railway takeu. For violent deaths state muans of injury "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakuess," etc., when a definite disease vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-The contributory (disease (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See instructions on back of certificate.

very important.

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
----------	-------	------	--------	-------	----	-------

1. PLACE OF DEATH	
	No. Annapolis Maryland St., Ward f death occurred in a horpital of mistitution, give its NAME mate of street and number) s. 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Robert Lee SMITH (a) Residence: No. U.S. Navy (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MATTICA	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Frances SMITH 6. DATE OF BIRTH (month, day, end year) March 9, 1899 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER. U.S. Navy SAWYER, BOOKKEEPER, etc. U.S. Navy 9. Industry or business in which HOSD 1tal Corps	22. I HEREBY CERTIFY. That I attended deceased from March 6, 1932 to March 29 1932. I last saw him elive on March 29 1932; death is said to have occurred on the deto stated above, at 12:40 mp.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Splenic Anemia 1926
work was done, as SILK MILL, U.S. Navy 10. Dato deceased last worked at this occupation (month and year) MATCH 1932 spant in this occupation was perfectly spant in this occupation. 12. BIRTHPLACE (city or town) Pacolet, South (State or country)	Dther Contributory Causes of importence: Shock following splenectomy
13. NAME Robert John Smith 14. BIRTHPLACE (city or town) Pacolet. (State or country) South Carolina.	Name of operation Splenectomy Date of 3-29-32 What test confirmed diagnosis? Operation Was there an auropsy? No
15. MAIDEN NAME Fannie Lewis Compton 16. BIRTHPLACE (city or town) Pacolet (State or counity) South Carolina.	23. If death was due to externel causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT J.E. Henry, Lt.Comdr. (MC)US (Address) USN Hospital, Annapolis, Md	(Specify city or town, county and State) N Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Buffalo, S.C. Oate March 31, 3. 19. UNOERTAKER B.L. Hopping (Address) 170 West St., Annapolis, Md.	Nature of injury 24. Was disease or injury loony was related to occupation of deceased?
20. FIRMURIL 30, 1932 Joseph C. Joy Ce Meserstrar.	(Signed) JE: Henry, Lt. Comdr. (MC), USN (Address) USN Hospital, Annapolis, Md

V. S. No. 1

N. B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year
			4

PHYSIshould be stated EXACTLY, n terms so that It may be properly classifile See instructions on back of certificate. RECORD KENT BINDING ACE Y MARGIN RESERVED FOR supplied. WITH UNFADING INK--THIS should be carefully E CF DEATH In plain is very important. of information should he state CAUSE CF D d state CAUSI PLAINI No. WRITE CIANS sho

PLACE OF DEATH

2FULL NAME

PERSONAL AND STATISTICAL PA

4 COLOR OR RACE

(Month)

MARR

OR DI (Write

Village or City

6 DATE OF BIRTH

8 OCCUPATION
(a) Trade, profession or particular kind of work

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

OF FATHER

OF MOTHER
(State or Country)

(Address)

(State or country)
12 MAIDEN NAME
OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF

If more blanks are needed,

(b) General nature of industry business, or establishment in which employed or (employer).

3 SEX

7 AGE

PARENTS

0	STATE OF MARYLAND
to	CERTIFICATE OF DEATH
at 1	Registration Dist. No. 22
o. 4 Purt	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
S //LOW CI	number.)
RTICULARS	MEDICAL CERTIFICATE OF DEATH
ED, VED, VORCED Widowed the word)	16 DATE OF DEATH March 7/ , 1932 (Month) (Day) (Year)
about 18 48	17 I HEREBY CERTIFY, That I attended the deceased from 7 / 21. March 2/1932 to 743 Fine ch 2/, 1932
Day) (Year)	thet I lest saw h alive on 192,
If LESS than I day hrs.	and that death occurred on the date stated above, at
ds. or min.?	
Work	Millewill Md. Millewill Men.
	(Duration)yrsmosds,
	Contributory
md.	(Duration) yrs mos, ds,
	(Signed) The & Bullus action Coleme L. M. D.
	Man 22 1927 (Address) Mallirante
now7	*State the Illsease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
rey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
and d	At place of deathyrsmosds. In theyrsmosds.
KNOWLEDGE	Where was disease contracted, if not at place of dee.h?
14	Former or usual residence.
le mil	House Oros Roads Ericles Mar 23, 1932
1/1011+1	20 JUNDERTAKER A CADDRESS
Registrar	Martin Hadeng Jour Burielle
ddres State Registras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

62453

7. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken cn at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tircd 6 business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL seplicacmia," "PUERPERAL perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, approved or as probably such, if impossible to determine definitely Examples: Accidental drowning; Struck by railway train— (secondary American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on cough; or intercurrent) Chronic valvular heart Example: Measles (disease affection need not be etc. The contributory Nomenclature Measles ; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

S. No. 1 0

0 0	3 5	EX
ACE chould be so that it may be p	-	/
s on	6 1	A-
ly supplied. ACE should be sain terms so that it may be possible to See instructions on back of	7 A	GI
ms sen		
supp in ter See i	8 C	a)
efully in pla tant.) (I	art o) usi
m of information should be carefully supplied. ACE should be should state CAUSE CF DEATH in plain terms so that it may be put occupation is very important. See instructions on back of		BIR (
F DE		11
n sho JSE C	STZ	1
CAL	PARENTS	1
state CCU	1	1
DI DI	14	тн
Every "John of information should be carefully supplied. CIANS should state CAUSE CF DEATH in plain terms so statement of OCCUPATION is very important. See instruc		
CIAP	15	
(F)	-	F

C	PLACE OF DEATH ounty Clause Cineudsl.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ? 3		
Villa	ge or City fram dale (No. 2FULL NAME Sufant Jack	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 55	Midowed Sugla (Write the word)	16 DATE OF DEATH (Month) / (Day) / 93 (Par)		
5	TE OF BIRTH (Month) (Day), 1903 2 (Year)	that I last saw h an alive on March 17, 1987,		
7 AG	yrs. mos. ds. If LESS than I day hrs. or min.?			
(a) par (b)	Trade, profession or cticular kind of work. General nature of industry tefaul siness, or establishment in ich employed or (employer)	(Duration) yrs. mos. I ds.		
9 816	(State or country) Connectemendal Cs.	Contributory Secondary (Duration)		
167	FATHER James Jacka	(Signed) Jan M. D. M. D. (Address) Gun Bums		
I Z	OF FATHER (State or country)	*State the lisrase Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.		
PA	OF MOTHER Culousetter Jan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
3	OF MOTHER (State or Country)	At place of death yrs description descript		
14 Th	(Informant)	if not at place of dea.h?		
	(Address) foundala	Holy Coary March & 195		
9 15 F	Filed 2/18 1932 Sus Nonog 9m	TWO gazeersky Easters		
	If more blanks are needed, addrels attace Registra	er, 16 W. Saratoga St., Bato., Lequesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Spinner, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer too or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Physician, Compositar, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed Foreman, etc., For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-W18). Farm laborer, Laborerwithout more precise specification as Day Cotton Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material mill; (a) Salcsman. Architect, -Coal mine, etc. Wom-Locomotive engineer, not gainfully em-(b) Grocery;

Strtement of Cause of Death—Name, first, the pissex EANS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,")

on tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound af head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincarbolic acid—probably suicide. The nature of the injury, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY etc. The Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. ('ensus and American Public Health Association.)

additional line is provided for the latter statement; it age. For many occupations a single word or term on state occupation at beginning of inner. If retired from gaged in domestic service for wages as servent, Cook, ployed, as At school or At house. Can should be taken definite salary), may be entered a House wife, en at home, who are engiged in the laborer, Farm laborer, Laborer-Ceal mine etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager." "Dealworked on may form part of the seemal statement. (a) Foreman, (b) Automobile factory. Spinner. (b) Cotton mill; (a) Salesman, (b) (Foccery; should be used only when needed. As champles: (a) nature of the business or industry, and sary to know (a) the kind of work and also (b) the eases, especially in industrial employments. It is neces-Civil engineer, Stationary firmen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Fermer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thu: Turmor (reor given up on account of the DI LIST CANTEN DEATH, Housemuid, etc. If the occupation has even changed to report specifically the occupations of persons enwork, or At Home, and children, not sainfully emhousehold only (not paid Housekee, are who receive a Statement of Occupation Precise satement of oc-For persons who have no occupation duries of the Two material cherefore an House-

EASE CAUSING DEATH (the primary affection of threspect to time and causation), using always it. Sith the perfect to time and causation), using always it. Sith the perfect ted term for the same disease. Example: Concorospinal fever (the only definite synonym is "Egidenic corbrospinal meningitis"); Diphtheria (avoid a councinia"); Typhoid fever (never report "Typhoid meannaia"); Lobar paeumonia, Bronchopneumonia (Pheumonia,")

O. R. P. intend (e.g., sepsis, tetanus) may be stated under the bead per contributory." (Recommendations on state-Mont of cause of death approved by Committee Approved the American Medical Association.) ages, perlionacum, etc., Carcinoma, Sarcoma, etc., of "If the eriff ate is looked over thoroughly and all quesdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Drop y." "Typhaustion." "Reast failure." "Haemorsymptomatic), "Atrophy," eonditions. ary), 10 ds. eausing death), 29 ds.; Bronchopneumonia stated unle s important. Chronic interstitial nephritis, etc. The contributory use of "Tunor" for malignant neoplasms); Measles; inqualified, is indefinite): Tuberculosis of lungs, menas probably such if impossible to determine definitely and ou lify a ACCIDENTAL, STICEDAL, OF HOMICIDAL, OF "Uracmia." "Weaknes." etc., when a definite disease vulsions." Poist and by wroote acia-probably suicide. The na taken. State cause for which surgical operation was under "Purerenal septicating," "Purereral partionitis," (secondary or intercurrent) affection need not be Whooping cough; Chronic valendar heart disease; is a serial in least, it will prevent further correspond-ion is essential and must be obtained before egiting to permanently fled. of the injury, as fracture of skull, and eonseplus: tedental drowning; Struck by railway ordent; Revolver wound of head—homicide; o couse of death approved by Committee on . (name origin; "Cancer" FOR VIOLENT DEATIES STATE MEANS OF INJURY "loanition." "Marusmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.) such as "Asthenia." Never report mere symptoms or terminal Example: Measles is less definite; avoid "Anaemia" (disease (seeond-(merely

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1. PLACE	OF DEATH		Wa A	
County	aa	Co	Registration Dist. No.	
Village or	city ma	40	NoSt.,	Ward
length of r	esidence in city or town wher		If death occurred in a horpital or institution, give its NAME instead of street and number death of the street and number death of the street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution, give its NAME instead of street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution of the street and number death occurred in a horpital or institution occurred in a horpital or institution occurred in a horpital occurred in a horpital occurred in a horpital occurred in a horpital occurred in	
	1.	181.17	Leak-	
2. FULL N	M-	an Chysbell	oution	
(a) Resid	ence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Stat	te
PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX C	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	. 9/
~	WY	Widow	(Month) (Day)	(Yaar)
a. If merriad, wid HUSBAND of	. 0 1/94	Co 61 11	22.) I HERESY CERTIFY, That I ettended depe	eesed from
(or) WIFE of	John.	Joucher	Musch 11- 1932 to March 25	19.3
DATE OF BIRT	H (month, dev. end year)	narch 1 1847		eath is said
. AGE Y	rears Months	Days If LESS than	to heve occurred on the deta stated above, at6_30Am.	
2	85 24	0 24 1 dey,hrs	THE PARTY ALL CAUSE OF BEATH and related causes of importance	ate of onsel
8. Trade, pro	ofession, or perticular	- 11101	and spe Bruch to 3	11/
SAWY	f work done, as SPINNER, ER, BOOKKEEPER, etc.	Mira Mayor	00	/
9 Industry of work	or businass in which was dona, as SILK MILL,			
	WILL, BANK, etc	11. Totel time (yeers)		
this oc yaer)	ccupation (month and	spent in this		
	2	a. La	Other Coutributory Causes of importance:	
2. BIRTHPLACE (State or c			1 Se Stream	
1	14	Quade	accide by	
	G	11 + 16.	District Control of the Control of t	
(State	CE (city or town)	ethy -	Name of operation	
1	Ma.	o Harrison	Whet tast confirmed diegnosis? Wes there an aufor 23. If death wes due to externel ceuses (VIOLENCE) fill in elso tha following:	psf!
	u	11.4 0.	Accident, suicide, or homicide? Data of Injury	19
E 16, BIRTHPLA	CE (city or town)	cust co	Where did injury occur?	., 10
	Cher.	e D. DD.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address)	/num	to the Lor		
8. BURIAL, CREM	ATION, OR REMOVAL	The may	Menner of injury	
Place	nemore	- Date 107 47, 193	Netura of Injury	
19. UNDERTAKER	B.4.	Suite	24. Wes diseasa or Injury in any wey releted to occupation of deceased?	00
(Address)	369 4	vist st	If so, specify	81
20 FILED MA	ul 27 , 32 80	had loollerson	(Signed) , I mortimes Hunsel	ma
Zu. FILEDI I	THE CALL THE CONTRACT	Registrar.	(Address) Dadiden Ilag M	d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

B.-WRITE

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item of infor-

Exact statement

stated EXACTLY.

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANE

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

RECORD.

ACCUPA-

Jo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL SH	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.-WRITE 7. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	1,5457
JIMIL OI	MANIENIE	CEIVIII IONIE	OI.		1160 211

1. PLACE OF DEATH	157-c
County (1 - (1 -	Registration Dist. No.
Village or City am who ho	No. 103 Washington St. Ward
	death occurred in a hospital or institution, give its AME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Infant Jums	
the the total	St., 9 Ward.
(a) Residence: No. (48 W as hanglorn (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH, 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	March 174 1912 to March 271 1032
6. DATE OF BIRTH (month, day, and year)	i las saw har alive on March 24th, 192; death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, et
1962. 7 ormin. —	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	mitael In outline
A. Hade, professing, or particular, or particular within of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation from the security of the securation of the security of the sec	11/2004
SAW MILL, BANK, etc	a case of congenital heart disease.
this occupation (month and spant) in this occupation occupation	Cwe R.
Real of is	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) CMM 4 10 WG (State or country) Q- /Q - CO - MA	
13. NAME MM HENN STANDEN	
13. NAME MM Frnny stanner 14. BIRTHPLACE (city or town) Stady Side,	Name of operation. Date of
(State of country) (A = a = c p VVIa c	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eoligebeth Porom. 16. BIRTHPLACE (city or town) Annafolio (State or country)	23. If death was due to external causes (VIOLENCE) fill In also tha following:
5 16. BIRTHPLACE (city or town) amafiolio	Accident, suicide, or homicide? Date of injury, 19
(State or country) Ma	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT JAMICY JANNEY (Address) 61 Was lamged on	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place John Westen Embore 7. 26, 1982	Nature of Injury
19. UNDERTAKER & HB Carker	24. Was disease or Injury in any way related to occupation of deceased?
(Addiess) 47 Washington 81	if so, specify
20. FILEBRANCH 26, 1932 Joseph C. J. Ca Zon	(Signed) M. D. (Address) 53 - Calvar 81.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		The state of the s		
Other contributory causes of importance:	PHOTO !	Other contributory causes of importance:	THE DE	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE EC	R EHRTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SPAUE PU	REURINER	CIPILITIES	10 1	THESTOIM

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

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N. B.—WRITE PLAINLY,

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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1. PLACE OF DEATH							12455	
	County A	nne Ar	rundel			Registration Dist, No.	W/	
	Village or C	620	ownsvil	lle Sta	te Hospi	St. St.	Ward	
		-,	or town where d		3 (1	f death occurred in a hospital or institution, give its NAME instead of street and s. 22 ds. How long In U.S. N of foreign birth?yrsm	number)	
1	. FULL NA	ME	Flor	rence W	ashington			
	(a) Residen	ce: No	Balt	imore (Usualplac	City, Mar	ylstnd Ward. If nonresident give city or town and	State	
-	PERSON	AL AND	STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
	sex emale	4. COLOR o	or race	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March 15th (Day)	, 193	
5a.	If married, widow HUSBAND of (or) WIFE of		d Jnknowr	1		22. HEREBY CERTIFY, That attended Dec. 23rd. 19 30 to March 15	deceased from	
6.	DATE OF BIRTH (month, day, e	nd year)	1888		36 1 3611	; deeth is said	
7.	AGE Yea	rs 44 ?	Months Unl	Days 1110 Wn	If LESS than 1 day, hrs. ormin.	to have occurred on the date steted above, et	15.4	
z	8. Trade, profes	sion, or partie	cular CDINNERT. 3			General Paralysis of the	Date of onset	
T10	SAWYER,	BOOKKEEPE	SPINNERUN R, etc.	cno wn		Insane	?	
UPA	9. Industry or I work was SAW MIL	done, as SIL	K MILL,					
OCCUPATION	10. Date decease this occup		d at and	11. Total sp 06	time (years) ent in this cupation		-	
12.	BIRTHPLACE (cit (State or coun		Unkr	no wn		Other Contributory Causes of importance: - Lues	?	
ER	13. NAME	Unl	kno wn					
FATHER	14. BIRTHPLACE (State or) Ur	nknown		Name of operation Date of Date of West here an eutopsy?		
ER	15. MAIDEN NAI	ME -	Unknow	n		23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIDEN NAME - Unknown 16. BIRTHPLACE (city or town) Unknown (Stete or country)						Accident, suicide, or homicide?		
17. INFORMANT Hospital Records (Address) Crownsville Maryland								
18. BURIAL, CREMATION, OR REMOVAL Place Soft Center Date 16 3 2 19					~3∼ , ₁₉	Manner of injury		
19. UNDERTAKER De P. Willewate Suff					Rept	24. Was disease or Injury in any way related to occupation of deceased?		
20.	FILED / 16.	3219	d	De	Togac La Registrar.	(Signed) Signed Signed	01 3M. D.	
			If more b	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. L.E. Tylen	d	

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Example I		Example II The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDIA

FOR

RESERVED

ZION

S. No. 1.

RECORD A PERMANENT UNFADING INK-THIS IS carefully supplied. pe WITH

PHYSICIANS should state of OCCUPATION is very ACE should be stated EXACTLY. properly classified. Exact statement that it may on back of certificate. DEATH In plain See instructions

CAUSE OF I

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15

1 PLACE OF DEATH



STATE OF MARYLAN CERTIFICATE OF DEATH

	7	Registration Dist, No.
Vill	Prull NAME Edward N.	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ATE OF BIRTH MARRIED, WIDOWED, ORDIVORCED (Write the word) ATE OF BIRTH MOV. 3, 1859	(Month) (Day (Year) 17 3 9 32 (191) to 3 1 1 3 2 (191) that I last saw h.M. alive on 3 1 1 3 2 (191
TAC	72 yrs 4 mos 7 ds. 0R min.?	and that death occurred on the date stated above, at 6 a m The CAUSE OF DEATH* was as follows:
(a) par (b) whi	CCUPATION) Trade, profession, or real Estato Bus General nature of Industry, iness, or establishment in chemployed (or employer) IRTHPLACE (State or country) Littleburg A	Contributory Carteins Sciences .
ARENTS	10 NAME OF FATHER Not given 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Sava Sava Sava Sava Sava Sava Sava Sav
14 T	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
	le es es Mad	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoutesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for vatvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., IENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County China arun del	Registration Dist. No.
Village or City Clah Word per Glenbur	St., Ward
(II	f deats/occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Conracle Mengert	6
(a) Residence: No. Qak Wood fid	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay) (Yoar)
5a. If married, widowed, or divorced HUSBAND of Rose Wengest	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 4 1845	I last sew h availive on 3/532 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4m.
86 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER; Returned SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, James 20. 10. Date deceased last worked at 11. Total time (years)	Chimo Diyo cardetos Suly
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) - Grand (State or country)	Other Cootributory Causes of importanca:
13. NAME Presade Wencert Ci	
14. BIRTHPLACE (city or town)	Name of operation Oate of What test confirmed diagnosis? Was that an au'opsy To
15. MAIDEN NAME Landenown	23. If daath was due to external causes (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Germany (State or country)	Accident, sulcide, or homicida?, 19, 19, 19, 19
17. INFORMANT dam Wencert (Address) 4th Jour Glenburnie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Myers Buring From Oate March 16 , 1932	Nature of injury.
19. UNOERTAKER John T. Dannig (Address) 7.5 2. 45	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 3/14, 1975 June Harry gras	(Signed) M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4	COL	15	4
U	69	6	Ĭ.

				.yrsmos	
2	a Residence: No. Bal				St., Ward.
	PERSONAL AND STAT		DARTICI		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. S		5. SINGI OR D	LE. MARRIEI	D, WIDOWED, write the word)	21. DATE OF DEATH 18 rch, 71 (Year) (Year) (Year)
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased fr Ifarch 16 ,1932, to Mar. 31, 1932
6. D	DATE OF BIRTH (month, day, and year)	189	8	,	last saw him_alive on March 3], 1932; death is s
7. A	AGE Years Month	ns D		If LESS than day, hrs.	to have occurred on the date stated above, at 1: 202 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NON	8. Trade, profession, or particular kind of work done, as SPINNEL SAWYER, BOOKKEEPER, etc.	, leb	orer		Mitral regurgitation with 2 mg
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
00	10. Date deceased last worked at this occupation (month and year)	11	l. Total time spent in occupati	(years) this	
12.	BIRTHPLACE (city or town)	ryland			Other Contributory Cases of importance: Chronic interstitial lyr nephritis.
n	13. NAME unkn	own			
FATH	14. BIRTHPLACE (city or town)(State or country)	unk	nown_		Name of operation Date ol Was there an autopsy?
~ 1	15. MAIOEN NAME unkn	own			23. If death was due to external causes (VIOLENCE) fill in also the following:
H	16. BIRTHPLACE (city er town) (State or country)	unkı	nown		Accident, suicide, or homicide?, 19, 19
MOTHER		Record	S		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	INFORMANT Hospital	lle. Mo	4 4		
	INFORMANT Hospital	cemeter	april	# 1932	Manner of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 6001				
Other contributory causes of importance:	20)	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

V. S. No. 1

STATE C	F MARY	LAND-	-CERTIFICATE	OF	DEATH	6246
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1	. PLACE OF DEATH	-		(28)	
	County			Registration Dist. No.	21
	Village or City	h Rus	~~~		t.,Ward
	Length of residence in city or town-where deal	th convered 14	vrsmos	death occurred in a hospital or institution, give its NAME instead of stree	
	Length of residence in city of town where deal	1 2 WIL	+1 -		
2	. FULL NAME	ee "V n	Mune		
	(a) Residence: No.	(Usual place of	abode)	St., Ward. If nonresident give city or tow	n and State
-	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEA	
3. 5	SEX 4. COLOR OR RACE 5	. SINGLE, MARRI		21. DATE OF DEATH	
	As Cal	OR DIVORCED	write the word)	(Month) (Day)	, 193 (Year)
5a.	If married, widowed, or divorced		0		
	HUSBAND of (or) WIFE of			22. HEREBY CERTIFY That latt	ended deceased from
		_ 74	1918	Last saw h La alive on 3 3 3 19	32; death is said
	DATE OF BIRTH (month, day, and year) AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9P m.	, qualifis said
	1 14	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	8
_/	8. Trade, profession, or particular	/	ormin.	were as follows:	Data of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
TAC	9 Industry or business in which	Land	0 1 -	The sulvair	3
CUF	work was done, as SILK MILL, SAW MILL, BANK, etc		Jul		
00	10. Date deceased last worked at this occupation (month and	11. Total time	in this		
-	year)	оссир:	(Other Contributory Canses of Importance:	
12.	(State or country)	my a			
02	1 1 1 - 11 -	1)/-	-		
FATHER	13. NAME A Muain War	Aug Or	-		
FA	14. BIRTHPLACE (city or town) (State or country)	X-ann	L		te of
2	15. MAIDEN NAME Ca / Agang &	Colo.		What test confirmed diagnosis? Was the	
MOTHER	7	o our	uo.	23. If death was due to external causes (VIOL ENCE) fill in also the fo	1
MOM	16. BIRTHPLACE (city or town)	man and		Where did Injury occur?	, 13
	(11m) Wh-11	1 100	8	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) LIC PLACE.
17.	(Address)	2	mi.		
18	BURIAL, CREMATION, OR REMOVAL	1211	1/2	Manner of injury	
	· Place this napel I	Date 7	, 19 🖒 🤉	Nature of Injury	
19	UNDERTAKER A. Ano	I alin		24. Was disease or injury in any way related to occupation of decease	ed?
	(Address) Jalus All	1/1	0	If so, specify & He Malon	ry
20	FILED March 5 1932 tedus	and lest	linea	(Signed)	M. D.
		J	Registrar.	(Address) Q. J. Cultural H	and for
	If more bla	anks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	40

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example-I	4	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year		

N. B.-WRITE-PLA

-WRITTO PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation thousa be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ructions on back of certificate.
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A	mation chould be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be proper	TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CE	RTIFIC	ATE	OF	DEATH
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		100	10	
12	10	70.	6	1.5
U	10	30	17	23

1. PLACE OF DEATH		(23)	
County Anne Arundel		Registration Dist. No. 21	
Village or City Crownsville Stat	e Hospi	ta No. St.,	Ward
Length of residence In city or town where death occurred		death accurred in a hospital or institution, give its NAME instead of street and death accurred in a hospital or institution, give its NAME instead of street and death accurred in a hospital or institution, give its NAME instead of street and	number) os ds.
2. FULL NAME Annie Williams			
(a) Residence: Np. Baltimore City		and Ward.	
(Usual place of a		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULAR PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR		MEDICAL CERTIFICATE OF DEATH	
female black 5. Single, Marrie or pivorced (single)		21. DATE OF DEATH March 4th (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended Nov. 29th 19 31 to March 4th	
6. DATE OF BIRTH (month, day, and year) 1868		Hast saw her elive on March 4th 19 32	
7. AGE Years Months Days Unknown	If LESS than 1 day, hrs.	to have occurred on the date steted above, at 12:30 Au. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular		General Paralysis of the	Date of onset
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. HOUSEY	vork	Insane	?
North west done, as SILK MILL, SAW MILL, BANK, etc			-
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. HOUSEY Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time this occupation (month end year) occupation	(yoars) n this tion		
12. BIRTHPLACE (city or town) Maryland (State or country)		Dther Contributory Causes of importance:	?
7.1			
13. NAME JOHN WILLIAMS 14. BIRTHPLACE (city or town) Mary land		Name of operation Date of	
(State of country)		What test confirmed diagnosis? Was there an	autopsy?
15. MAIOEN NAME Helen Campbel		23. If death was due to external couses (VIOLENCE) fill in also the following	g:
15. MAIOEN NAME Helen Campbel 16. BIRTHPLACE (city or town) Maryland (State or country)		Accident, suicIde, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Hospital Records (Address) Crownsville, Maryl	land	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place MY Cubum Date May.	8/1932	Manner of injury	
19. UNDERTAKER 199. Show to the the (Address) 163/ Dhuid feill (20. FILED 155), 133 2, 500 750	We Registrar.	24. Wes discuss of Injury in any way releted to opcupation of deceased? If so, specify (Signed) (Address) (Address)	41/m.o.
If more blanks are needed, add:		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

. 1	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

MARGIN RESERVED FOR BINDIN

V. S. Mo. 1

Z

STATE	OF	MARYLAND	-CERTIFICATE	OF	DEATH	6246
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1. PLA	CE OF DEA	ТН			(130)	
Cou	inty Anr	e Arund	el		Registration Dist. No.	
				e Hospita	death occurred in a hospital or institution, give its NAME instead of street and numbe	_Ward
Leng	gth of residence in c				5 1931 146W long In U.S. if of foreign hirth?yrsmos	ds.
2. FUL	L NAME		rtie Wr			
	Residence: No.		(Usual place	of abode)	ty St., Ward. If nonresident give city or town and State	
	RSONAL AN				MEDICAL CERTIFICATE OF DEATH	
1. SEX	le bla	or or race	OR DIVORCE	REED, WIDOWED, D (write the word) Pried	21. DATE OF DEATH March 16th (Day) (Day)	2 Year)
5a, If marrie HUSBA (or) W	ed, widowed, or divi ANO of IFE of	Jnkno wn			22. I HEREBY CERTIFY. That I attended decease March 16th 1932 to March 16th 1	
6. DATE OF	F BIRTII (month, da	v. end vear)	1872		Hast sawher alive on March 16th 19 32 deal	h is sald
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date steted above, et 4:45P m.	
	60	Unk	own	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	otonset
9. Ind	de, profession, or p kind of work done. SAWYER, BOOKKEI lustry or business it work was done, as SAW MILL, BANK, the deceased last wo this occupetion (mo year)	n which SILK MILL, etcrked et onth and	11. Total 1	time (years) nt in this upation		
	PLACE (city or town)	Mar	yland		Other Contributory Causes of importance:	ırs
표 13. NAI	ME «	John Gre	en			
	13. NAME John Green 14. BIRTHPLACE (city or town) Maryland (Stete or country)				Name of operation Date of West here an eulops	/?
15. MA	IOEN NAME K				23. If death was due to external causes (VIOLENCE) fill in also the following:	
	THPLACE (city er to (State or country)	DWR)	yland		Accident, suicide, or homicide? Date of Injury, Where did injury occur? (Specify city or town, county and State)	9
	dress)	spital R	ecords		Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, Plac	Chus	REMORALIE	mag_ Oate_Ing	n, 40,1932	Manner of injury	
19. UNDERT	TAKER July	resmy N	Yzar a	noch	24. Wes disease or injury in any way related to occupation of deceased?	-
20. FIL 781	ruch 18	1932 92	74 c.g.	7 ca Ruels Registrar.	(Signed) Crawrsvill	M. D

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. P. IErjlend

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURGAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	